

TO: The Registrar at \_\_\_\_\_

FROM: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I request that you forward an official transcript of my work at your institution to the address below. Please insure that a statement of degree is included with or on my official transcript if appropriate. Payment in the amount of \$\_\_\_\_\_ is enclosed for the transcript. If additional payment is necessary, please bill me at my address given below. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Last enrollment at your institution: \_\_\_\_\_

**PLEASE MAIL TRANSCRIPT TO:** East Tennessee State University  
James H. Quillen College of Medicine  
Office of Student Affairs - Admissions  
PO Box 70580  
Johnson City, TN 37614-0580

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