



# Knox Technical Center

## Career Development Programs

308 Martinsburg Road – Mount Vernon, OH 43050

(740) 393-2933 Fax: (740) 397-1659

### REQUEST FOR DOCUMENTS

**Instructions:** Complete the information below. Return completed form to the front office with the required fee. Please allow 2-3 business days for processing.

Name: \_\_\_\_\_  
*Last First Middle Suffix (Jr, II)*

Name during program (if different than current name) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

Program of Completion: \_\_\_\_\_

Graduated  Will Graduate  Withdrew Date: \_\_\_\_\_

I authorize Knox Technical Center to release the requested information below to the identified individual or organization upon receipt of this request and applicable fee. (Fees: \$5 for transcripts, \$1 per copy for all other requests)

\_\_\_\_\_  
*Applicant's Signature Date*

<p><b>Information Requested:</b></p> <p>_____ Transcript          _____ Immunizations          _____ Physical</p> <p>_____ Other (specify) _____</p> <p>_____</p> <p>_____</p> <p><b>Send Information to:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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FOR OFFICE USE:

Date Received: \_\_\_\_\_ # of copies: \_\_\_\_\_ Fee: \_\_\_\_\_ Processed: \_\_\_\_\_