



KNOX TECHNICAL CENTER

308 Martinsburg Road • Mount Vernon, OH 43050
Phone: 740.393.2933 • Fax: 740.397.1659
Nursing Fax: 740.397.5828 • Email: KTCinfo@knoxcc.org

Please return a copy
of this form with
your transcript.
TRN REQ

REQUEST FOR TRANSCRIPT

Applicant Instructions:

Complete the information below and take or mail to your school of graduation and/or course work. Please note: Some schools may charge you a fee or have a different transcript procedure. Please contact your school for further details.

Student Applicant's Name (please print)

| | | | | |
|--|---|-------------------------|------------------------|-------------------|
| Last Name | | First Name | Middle Name | Suffix (Jr., II) |
| Maiden Name | | KTC Career Program Name | | |
| Mailing address (# and street or P.O. box) | | | City | State Zip Code |
| Phone Number | Email address | | Social Security Number | |
| School Name | | | | |
| School City | | | School State | |
| Graduation Date or Birthdate | <input type="checkbox"/> Will Graduate <input type="checkbox"/> Graduated <input type="checkbox"/> Withdrew | | | |
| <i>I authorize the above school to release my transcript to the Knox Technical Center.</i> | | | | |
| Applicant's Signature | | | Date | |

INSTRUCTIONS TO SCHOOL:

Upon receipt, please forward an official transcript for the above named student to:

**KNOX TECHNICAL CENTER
Attention: Admissions
308 Martinsburg Road
Mount Vernon, OH 43050**

The transcript **MUST** include the following:

1. Total number of credit hours earned
2. Date of graduation and/or departure
3. Date of birth
4. Either the school seal or an original signature of a school official (name stamps are not acceptable)
5. **IMPORTANT: Please include a copy of this form with the transcript.**

Thank you for your assistance!