



# KNOX TECHNICAL CENTER

308 Martinsburg Road • Mount Vernon, OH 43050

Phone: 740.393.2933 • Fax: 740.397.1659

Nursing Fax: 740.397.5828

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	Social Security Number
--------------	------------------------

School Name
-------------

School City	School State
-------------	--------------

Graduation Date or Birthdate	<input type="checkbox"/> Will Graduate	<input type="checkbox"/> Withdrew
------------------------------	--	-----------------------------------

***I authorize the above school to release my transcript to the Knox Technical Center.***

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!*