



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)
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Maiden Name	KTC Career Program Name
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Mailing address (# and street or P.O. box)	City	State	Zip Code
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Phone Number	Email address	Social Security Number
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School Name

School City	School State
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Graduation Date or Birthdate	<input type="checkbox"/> Will Graduate	<input type="checkbox"/> Graduated	<input type="checkbox"/> Withdrew
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I authorize the above school to release my transcript to the Knox Technical Center.

Applicant's Signature	Date
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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!