



# 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!*