



KNOX TECHNICAL CENTER

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Nursing Fax: 740.397.5828

**REQ
DOCS**

REQUEST FOR DOCUMENTS

Instructions:

Complete the information below. Return the completed form to the Adult Education office with the required fee. Please allow 2-3 business days for processing.

Student Applicant's Name (please print)

Last Name	First Name	Middle Name	Suffix (Jr., II)
Name during program (if different than current name)		KTC Career Program of Completion	
Mailing address (# and street or P.O. box)		City	State Zip Code
Phone Number	Last 4 digits of Social Security Number		

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
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INFORMATION REQUESTED:

Transcript **Immunizations** **Physical**

Other (specify): _____

SEND INFORMATION TO:

Name	Address		
City	State	Zip Code	
Email			

FOR OFFICE USE ONLY: Date Received _____ # of Copies _____ Fee \$ _____ Processed _____