



KNOX TECHNICAL CENTER
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**REQ
DOCS**

REQUEST FOR DOCUMENTS

Instructions:
Complete the information below. Return the completed form to the Knox Technical Center 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)		Program of Completion		Last 4 digits of Social Security Number
Mailing address (# and street or P.O. box)		City	State	Zip Code
Phone Number		Email Address:		

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 _____