



5554 North Federal Highway
Fort Lauderdale, Florida 33308
Phone: 954/771-0376 or 1-800-344-5669
Fax: 954/351-3343

TRANSCRIPT REQUEST

Please complete the following information and return this form to the Registrar's office.

Dates I attended KTS: from _____ to _____.

Signature: _____ Date: _____

Required for release of any transcript. (FERPA, 1974)

(Please Print) Name of Student: _____ Student ID # or Social Security # _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: () _____ E-mail: _____

Please send me an **unofficial student copy** of my Knox Theological Seminary transcript to the student address listed above. (I understand there is no fee for an unofficial student copy of my transcript.)

I have enclosed **\$5.00** for each **official transcript**. (Check or money order in U.S. funds, payable to Knox Seminary. Or complete the credit card information below.)

Credit card: Visa MasterCard Amex Discover

Account# _____ Exp _____

Signature _____

Please send the **official copy** of my Knox Theological Seminary transcript to the address(es) listed below.

Name of Institution: _____

Mailing Address: _____

City _____ State _____ Zip _____

Name of Institution: _____

Mailing Address: _____

City _____ State _____ Zip _____