



5555 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) \_\_\_\_\_ Last four digits of  
Name of Student: \_\_\_\_\_ 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 \_\_\_\_\_