



# KNOX COLLEGE

OFFICE OF THE REGISTRAR

**ORDER FORM FOR PAPER TRANSCRIPT**

Please submit this completed request form using one of the following methods:

**Please send the request with the \$8 fee per transcript to:**

Mail: Office of the Registrar Fax: (309) 341-7601  
Campus Box 145 Email: registrar@knox.edu  
Knox College  
2 East South Street  
Galesburg, IL 61401

Transcripts will be sent via USPS. To request an electronic transcript (only available to students who graduated after 1996), please visit [www.Parchment.com](http://www.Parchment.com).

**PERSONAL INFORMATION**

Student Name (Please Print): \_\_\_\_\_

Name While Attending (If different than above): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (If Other than United States): \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID Number (if known): \_\_\_\_\_ OR Last four digits of SSN: \_\_\_\_\_ OR Date of Birth: \_\_\_\_\_

Current Student Former Student Last Date of Attendance: \_\_\_\_\_

**PURPOSE OF TRANSCRIPT**

Issue Immediately

Hold for Grades/Degree

Graduate, Medical, or Professional School (Field of Study: \_\_\_\_\_)

Off-Campus Study (Program: \_\_\_\_\_)

Transfer

Military Service/Peace Corps

Job Application

Fellowship/Scholarship

Professional Certification

Other: \_\_\_\_\_

Please send my  Official  Unofficial transcript to the following address:

Recipient Name, College, or Organization \_\_\_\_\_

To the Attention of: \_\_\_\_\_

PO Box/Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country (If Other than United States): \_\_\_\_\_ Number of Copies: \_\_\_\_\_

I authorize Knox College to release my Knox College Transcript to the parties named on this form.

**SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_