# CENTRAL TEXAS COLLEGE — TRANSCRIPT REQUEST

All obligations to the college must be cleared before transcripts may be released. If this form is not filled out in its entirety or is unclear, delays may result. If faxing in this request, do not write outside the borders of this form as information may be cut off by the fax machine.

****No Personal Checks Will Be Accepted for Payment as of March 1st, 2014. If mailing, enclose money order or cashier's check.****

| Fax Form To: | Mail Form To: | Email Form To: |
|---|---|---|
| Fax to: 254-526-1111<br>ATTN: Outgoing Transcript Department<br><br>Use MasterCard/VISA/Discover/American Express<br>(for Express and/or Priority Mail Only) | Central Texas College ATTN:<br>Outgoing Transcript Dept<br>PO Box 1800<br>Killeen, TX 76540 | Outgoing.Transcripts@ctcd.edu |

Regular Mail - No Charge | ***Express Mail - $18.11** per address | ***Priority Mail - $5.05** per address

****Express & Priority Mail options effect mailing time only and do not expedite in-house processing time.****

**Faxes are unofficial**; acceptance is receiving institution's decision)

******* ***Credit Card payments could delay transcript service up to 5 additional business days.*** *******

**Please PRINT using black ink or TYPE the information in spaces below:**

Last Name _____ First Name _____ MI _____

Other Names used _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____ Contact Number (___) _____

Dates attended _____ to _____ CTC Location attended _____

Number of transcript(s) requested _____ Student Email Address: _____

☐ Please mail to **Home Address** above _____(how many?) ☐ Regular Mail ☐ Priority ☐ Express

☐ Please **FAX** ATTN: _____ FAX Number _____

☐ Please mail to address below (For additional addresses, please attach an additional page)

To: _____

ATTN: _____

Address _____

City _____ State _____ Zip _____

☐ Regular Mail ☐ Priority ☐ Express

To: _____

ATTN: _____

Address _____

City _____ State _____ Zip _____

☐ Regular Mail ☐ Priority ☐ Express

☐ If currently enrolled at CTC, do you want the transcript held for current grades?

List classes or end date _____

☐ Hold for completion of military/civilian evaluation being completed? Expected completion date: _____

☐ Hold for CTC graduation? Date of CTC graduation? _____

_____

**Signature for release of transcript** **Date**

*Transcripts are normally mailed out within 4-5 business days after requests are received, not including weekends, holidays, or Fridays.*
*Allow at least 2 weeks before contacting this office regarding status of transcripts.*

Credit Card Type _____ Number _____ Exp Date _____ CVV# _____

Billing Address of Cardholder _____

Cardholder Name _____ Signature of Cardholder _____