

CENTRAL TEXAS COLLEGE

Request for Academic Records

Please send _____ copy(s) of official Transcript of Records;
Include TASP, ACT, and SAT scores, whenever available to:

Central Texas College
Attn: Incoming Transcripts
P.O. Box 1800
Killeen, TX 76540-1800

Student Signature

Date

Please print the following:

I last attended your school:

Month Day Year

Name: _____
Last First MI

Former Last or Maiden Name: _____

Social Security or ID Number (last four digits): _____

Birth Date: _____
Month Day Year