



TRANSCRIPT REQUEST



All obligations to the college must be cleared before transcripts may be released.

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** If mailing, enclose money order or cashier's check.****

Fax Form To: 254-526-1111 ATTN: Outgoing Transcript Department Faxes are unofficial: Only your school can decide if they will accept it.	Mail Form To: Central Texas College ATTN: Outgoing Transcript Dept PO Box 1800 Killeen, TX 76540	<u>Email Form To:</u> outgoing.transcripts@ctcd.edu
--	--	--

Regular Mail - No Charge | *Express Mail - \$24.50 per address | *Priority Mail - \$7.50 per address

We accept: MasterCard/VISA/Discover/AMEX

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

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

Last Name _____ First Name _____ MI _____

Other Names used _____

SSN or CTC ID _____ Date of Birth _____

Current Address _____

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

Dates attended _____ to _____ CTC Location attended _____

Number of transcript(s) requested _____ Current 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: _____ To: _____

ATTN: _____ ATTN: _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Regular Mail Priority Express 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 Signatures must be handwritten or digitally signed. Date _____

Please allow 48-72 hours before requesting an update to your transcript status.

Credit Card Type _____	Number _____	Exp Date _____	CVV# _____
Billing Address of Cardholder _____			
Cardholder Name _____	Signature of Cardholder _____		