

Change of Address Notice

To the student:

You may mail this card or bring it to the Killeen Campus Records Office. Thank you.

Name _____ SSN/CTC ID # _____
(Last) (First) (Middle)

① While attending CTC: _____
Street or Box # Telephone

City County State/Country Zip Code

② Permanent Address: _____
Street or Box # Telephone

City County State/Country Zip Code

③ Mail Correspondence to #1 Above (L) #2 Above (P)

④ **Students attending outside Texas:** Complete if you are leaving your current location:
Most recent enrollment _____ at _____
Month Year Site/Location State/Country

I am leaving the above location. Please have my records sent to the Killeen Records Office effective
_____. I understand transcript service will be through the Killeen Office.
Date

⑤ Address Change Authorized By: _____
Student Signature

Student Return Address

Place
Stamp
Here

CENTRAL TEXAS COLLEGE
Attn: Records Office
P.O. Box 1800
Killeen, Texas 76540-1800