**TEXAS WORKFORCE COMMISSION**

**Career Schools and Colleges**

Attendance Roll

DATE (mm/dd/yyyy): _____

| **SCHOOL NAME:** | | **SCHOOL ADDRESS:** | |
|---|---|---|---|

| **Name (last, middle, first)** | **SSN** | **Address** | **Phone # (Include Area Code)** | **Program Title** | **Hours Completed** |
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*Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.*



**PREVIOUS EDITIONS OF THIS FORM WILL NOT BE ACCEPTED**