TEXAS WORKFORCE COMMISSION

Career Schools and Colleges

Sample Master Student Registration List

Date**	Name of Student	Address City/State/Zip	Phone	SSID No.	Date of Birth	Name of Program	*(Optional)* Current/Grad/ Drop/Cancel/ Term &Date

An entry shall be made on this list for any person who signs an enrollment agreement, makes a down payment to attend the school, or attends a class. **The entry shall be made on the date the first of these events occurs. Title 40, Texas Administrative Code, Section 807.281

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 104T, 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 USED