Attendance Roll

**School Number:**

**School Name:**

**School Address:**

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| Program Title  (As approved by Commission) | Instructor Name  (Print last, first) | Instructor Initials | Student Name  (Print last, middle, first) | Student Initials | Last 4 of SSN | Phone #  (Include area code) | Date of Attendance | Time In | Time Out | Total Hours Completed |
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Completed forms, inquiries, and corrections to the information contained in this form will be sent to TWC Career Schools and Colleges at 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100, [career.schools@twc.texas.gov](mailto:career.schools@twc.texas.gov). Individuals may receive and review information that TWC collects about the individual by emailing [open.records@twc.texas.gov](mailto:open.records@twc.texas.gov) or writing to TWC Open Records, 101 East 15th Street, Room 266, Austin, Texas 78778-0001.

**Page 1 of 1 CSC-106**

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