



1515 Cherrybrook
Pasadena, TX 77502
713/920-6919

Type of Request

- Transcripts
- Letter for H1B program participation
- Letter for Staff Development
- Letter for program participation
- Receipts for payments
- Other _____

Request for Records

Please fill out and sign this form in order to request information from your ATCP file.

Name: _____ SS# _____ - -

Address: _____

City/State/Zip: _____

Phone Number: _____

Name on Records:
(If different from present name) _____

Year File Activated: _____

Date Requested: _____

Please check one of the following:

_____ Mail records to the following address:

_____ I will pick up the records

All transcripts MUST be picked up from our office. Please have proper identification with you.

Signature & Photo ID

Date