



**TEXAS REAL ESTATE COMMISSION**

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 (512) 936-3120

Email to: [education@trec.texas.gov](mailto:education@trec.texas.gov)

**Classroom CE Course Completion Roster**

Provider Number	Course Number	Course Completion Date	Zip Code
0 4 6 1			
	(Last Five Digits)	(MMDDYYYY)	

**By signing this form, I certify that I have attended 100% of each session for which credit was given**

	Printed: Last Name, First Name	Signature	Student License Number
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