TARLETON STATE UNIVERSITY
OFFICE OF SCHOOL RELATIONS

COUNSELOR ORDER FORM

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ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____

TITLE _____

TELEPHONE _____

Please send me the following information:

Catalogs Quantity _____

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Information checklist Quantity _____
(Application information, housing, financial aid, and scholarship)

Other: please indicate what other information or materials you might need from Tarleton

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Please mail to:

Tarleton State University/Office of School Relations
Box T-0610
Stephenville, TX 76402
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