AFFIDAVIT OF VOLUNTARY SURRENDER OF EDUCATION HOURS

I, the undersigned Declarant, being competent to make this statement, submit this affidavit in connection with a review of my massage therapy education hours. I understand that this affidavit may be used by the Texas Department of Licensing and Regulation (TDLR) as part of an investigation or compliance determination regarding my completion of required instructional hours.

School Closure and Enrollment

I was enrolled as a student at Enter Name of School an institution that ceased operations as a result of the issuance of an Emergency Order. Prior to the school's closure, I participated in instructional activities required for massage therapy education.

Voluntarily Surrender

I hereby voluntarily surrender any education and hours that were reported on my behalf under student permit **MSP** Enter Your Permit #. My Social Security Number is Enter Your Social Security Number. I will complete the required 500 hours for massage therapy at another school that is approved or accepted by TDLR. I recognize and understand that TDLR will null and void the education hours reported by Enter Name of School**.**

Declaration

My name is First Name Middle Name Last Name , my date of birth is Month of Your Birth Day of Birth, Year of Birth, and my address is Enter Your Street Address, Enter Your City, Enter Your State, Enter Your Zip Code, County, Country.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in City Where You Signed, State of Enter Your State, on the Day day of Month Signed , Year.

Print Your Name

Printed Name

Signature of Declarant

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