TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157 - Austin, Texas 78711-2157
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - cs.barbers@tdlr.texas.gov

APPLICATION FOR:

TRANSCRIPT EVALUATION

File this application along with the transcripts you wish to have evaluated. TDLR will issue a transcript evaluation letter and mail it to the address you provide below. Take the letter with you when you enroll in a Texas Barber School.

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Full Name

_____ _____ _____ _____
Last First Middle Initial Suffix (Jr, Sr, II)

2. Date of Birth

_____ _____ _____
Month Day Year

3. Gender

☐ **Female** ☐ **Male**

4. Social Security Number

_____ _____ _____ _____ _____ _____ _____ _____ _____

Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

5. Mailing Address (USED FOR ALL CORRESPONDENCE)

_____
Number, Street, Suite No., Apt. No. or P.O. Box City State Zip Code

_____ ( ) _____
E-mail Address (Example: johndoe@aol.com) Area Code Phone Number

The Department will add your email address to the Barber email notification list, which automatically provides information from the Department on matters affecting barbering. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: http://www.tdlr.texas.gov/newsletters/TDLRnotificationLists.asp.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapter 1601, 1603, and 51; Tex. Admin. Code, Chapter 60; and the Barber Administrative Rules, Tex. Admin. Code, Chapters 82. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

_____ _____
Signature of Applicant Date Signed