



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MESSAGE STUDENT OUT OF STATE TRANSCRIPT EVALUATION REQUEST INSTRUCTIONS

This form should only be used by a potential massage student who is requesting to have an out-of-state or university or college transcript(s) evaluated for credit towards the requirements for a massage therapist license in compliance with 16 TAC Chapter 117, Texas Occupations Code Chapter 455 and all TDLR established guidelines and criteria.

1. **Name** – Enter the students legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. **Request Fee** – \$25.00 check or money order. Non-refundable.
3. **Date of Birth** – Provide the students date of birth.
4. **Gender** – Select gender of the student.
5. **Student Social Security Number** – Select YES or NO to indicate if the student has been issued or assigned a Social Security Number by the Social Security Administration. If yes, provide the Social Security Number. Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#) or call (512) 460-6000 or (800) 252-8014.
6. **Student Mailing address and contact information** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Provide a telephone number, including the area code, where we can reach you during the day. Provide your email address. By providing your email address you authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices by electronic mail. The email address provided in this application will remain confidential except as permitted or required by law.
7. **Graduation from high school or obtained G.E.D** – Select YES or NO to indicate if you have graduated from high school or obtained you G.E.D. If YES, enter the high school's name, city, state, and date of graduation.
8. **Transcript Evaluation** – This section must be completed by the student in its entirety to request a transcript evaluation.  
**Required Documentation:**
  - Official Transcripts from all schools attended.
  - Original or certified name change document if student attended previous schools under a different name.
9. **Certification Statement** – Must be signed and dated by the student.

### SEND THE COMPLETED APPLICATION, FEE, AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

**Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.**

For additional information and questions, please visit the [Texas Department of Licensing & Regulation](#) website or reach the [Education and Examination Division](#) via webform where you can submit your request for assistance and include attachments as needed. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MESSAGE STUDENT OUT OF STATE TRANSCRIPT EVALUATION REQUEST

1. Name				2. Request Fee:	
_____	_____	_____	_____	\$25.00	
Last		First	Middle Name	Suffix	

3. Date of Birth:		4. Gender:		5. Social Security Number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female		_____	
Month	Day	Year		See instruction sheet for disclosure information	

6. Student mailing address and contact information: (P.O. Box is allowed for this address)

\_\_\_\_\_

P.O. Box, Number, Street Name, Apartment Number, City, State, Zip Code

Email Address:	Phone Number:
_____	_____
See instruction sheet for disclosure information	(Area Code) Phone Number

7. Student graduated high school or obtained a G.E.D.? (If Yes, provide the school information and graduation date)  Yes  No

\_\_\_\_\_

School Name City State Graduation Date

8. Transcript Evaluation Information: (Attach additional pages if necessary)

School Information

_____	_____	_____
School Name	Dates of Attendance	Hours Completed

\_\_\_\_\_

Address - Number, Street Name, Suite Number, City, State, Zip Code

_____	_____	_____
School Name	Dates of Attendance	Hours Completed

\_\_\_\_\_

Address - Number, Street Name, Suite Number, City, State, Zip Code

### CERTIFICATION STATEMENT

I certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed