



## TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157  
*education@tdlr.texas.gov • www.tdlr.texas.gov*

### MESSAGE TRANSCRIPT EVALUATION REQUEST FORM INSTRUCTIONS

1. Requester Information – Enter name date of birth, mailing address, phone number and email address. This address is where the Department will mail all correspondence and may be a post office box. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
2. School Information – Enter information for the school attended. Include dates of attendance and hours completed.
3. Signature of Requester – This form must be signed by the Requester. Be sure to print the name, sign and date the application.

#### **Required Documentation:**

- Official Transcripts from all schools attended.
- Original or certified name change document if student attended previous schools under a different name.

#### **SEND YOUR COMPLETED APPLICATION 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 and attachments.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [www.tdlr.texas.gov](http://www.tdlr.texas.gov) or request for assistance via email at [education@tdlr.texas.gov](mailto:education@tdlr.texas.gov) and include attachments as needed.



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### MESSAGE TRANSCRIPT EVALUATION REQUEST FORM

#### 1. Requestor Information

\_\_\_\_\_  
Name, Last, First MI

\_\_\_\_\_  
Birth Date (MM/DD/YYYY)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address - Number, Street Name, Suite Number City State Zip Code

#### 2. 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

#### SIGNATURE

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.

\_\_\_\_\_  
Printed Name/Signature

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