## SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
## LICENSE VERIFICATION FORM

**TO BE COMPLETED BY LICENSEE REQUESTING A LICENSE VERIFICATION**

1. **LICENSEEE’S NAME** – Write your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)

2. **TEXAS LICENSE NUMBER #** - Write the Speech-Language Pathologist Texas license number.

3. **APPLICABLE BOX:** Check the appropriate box to indicate which Texas license type you currently hold.

4. **EMAIL ADDRESS** – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.

5. **LICENSEEE’S MAILING ADDRESS** – Write 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.

6. **SEND VERIFICATION TO** – Provide the entity/agency name requesting the verification, the name of the person the verification should be sent to, and mailing information of the entity receiving the verification.

### 1. Licensee’s Name:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

### 2. Texas License Number:

**PLEASE CHECK APPLICABLE BOX**

- [ ] Assistant in Speech-Language Pathology
- [ ] Intern in Speech-Language Pathology
- [ ] Speech-Language Pathologist
- [ ] Assistant in Audiology
- [ ] Intern in Audiology
- [ ] Audiologist

### 4. Email Address:

Ex: john doe@aol.com See Instruction Sheet for Disclosure Information

### 5. Licensee’s Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### 6. Entity/Agency Name:

<table>
<thead>
<tr>
<th>Attention Name:</th>
</tr>
</thead>
</table>

**Entity/Agency Mailing Address:**

(P.O. Box, Number, Street Name/Apartment Number)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

TDLR Form SPA027 October 2016