



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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

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www.license.state.tx.us - customer.service@license.state.tx.us

APPLICATION FOR:

TRANSCRIPT EVALUATION

DO NOT WRITE ABOVE THIS LINE

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 COSMETOLOGY SCHOOL.

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

1. Full Name

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth

Month Day Year

3. Gender

Female Male

4. Social Security Number

SSN format line

*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 Area Code Phone Number

e-mail Address (johndoe@aol.com for example)

The Department will add your email address to the Cosmetology email notification list, which automatically provides information from the Department on matters affecting Cosmetology. 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.license.state.tx.us/newsletters/TDLRnotificationLists.asp.

STATEMENT OF APPLICANT

By signing this application I certify all information submitted on this and any attached forms is true and accurate in accordance with the Cosmetology Administrative Rules, 16 TX. Admin. Code, Chapter 83 Section 83.74.

Signature of Applicant

Date Signed