

AFFIDAVIT OF VOLUNTARY SURRENDER OF EDUCATION HOURS

I, the undersigned Declarant, being competent to make this statement, submit this affidavit in connection with a review of my massage therapy education hours. I understand that this affidavit may be used by the Texas Department of Licensing and Regulation (TDLR) as part of an investigation or compliance determination regarding my completion of required instructional hours.

School Closure and Enrollment

I was enrolled as a student at _____ an institution that ceased operations as a result of the issuance of an Emergency Order. Prior to the school’s closure, I participated in instructional activities required for massage therapy education.

Voluntarily Surrender

I hereby voluntarily surrender any education and hours that were reported on my behalf under student permit MSP_____. I will complete the required 500 hours for massage therapy at another school that is approved or accepted by TDLR. I recognize and understand that TDLR will null and void the education hours reported by _____.

Declaration

My name is _____,
my date of birth is _____, _____, and my address is
_____, _____, _____, _____.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____, State of _____, on the ____ day of _____,
_____.

Printed Name

Signature of Declarant