



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MESSAGE TRANSCRIPT EVALUATION REQUEST INSTRUCTIONS

This form should only be used by a potential massage student or therapist who is requesting to have one or multiple transcripts 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 your 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 your date of birth.
4. **Gender** – Select your gender.
5. **Student Social Security Number** – Select YES or NO to indicate if you have 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 the Department will mail all correspondence. This address can be a post office box. You can add the zip code plus-4 to help the postal service deliver mail more efficiently and accurately. Provide a telephone number, including the area code. 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 your G.E.D. If YES, enter the high school's name, city, state, and date of graduation.
8. **Transcript Evaluation Information** – This section must be completed in its entirety to request a transcript evaluation.
Required Documentation:
 - Official transcripts from all schools attended.
 - Course descriptions from the school catalog for each course listed on each transcript.
 - Original or certified name change document if you attended previous schools under a different name.
9. **Certification Statement** – Must be signed and dated.

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).



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MESSAGE 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: Yes No | |
| _____ | _____ | _____ | _____ | _____ | |
| Month | Day | Year | <input type="checkbox"/> Male <input type="checkbox"/> Female | See instruction sheet for disclosure information | |

6. 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. 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.

Applicant Printed Name

Applicant Signature

Date Signed