



TEXAS DEPARTMENT OF LICENSING & REGULATION

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www.tdlr.texas.gov

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY LICENSE VERIFICATION FORM

TO BE COMPLETED BY LICENSEE REQUESTING A LICENSE VERIFICATION

- LICENSEE'S NAME** – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Example of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
- TEXAS LICENSE NUMBER** – Provide the Speech-Language Pathologist or Audiologist Texas license number.
- LICENSE TYPE** – Check the appropriate box to indicate which Texas license type your requesting verification on.
- LICENSEE'S EMAIL ADDRESS** – Provide your email address. Provide your email address so the department may email license information and require notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share with the public.
- VERIFICATION TO BE SENT BY** – Check the appropriate box as to how you would like your verification to be sent. Provide the entity/agency name requesting the verification, the name of the person the verification should be sent to, mailing address, email address or fax number.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the TDLR Public Information Act Policy.

LICENSEE'S INFORMATION

1. Licensee's Name:	2. Texas License Number:
_____	_____
Last First Middle Suffix (Jr., Sr., III)	

3. License Type: (Check one, please see instructions to determine which is applicable)

<input type="checkbox"/> Assistant in Speech-Language Pathology	<input type="checkbox"/> Intern in Speech -Language Pathology	<input type="checkbox"/> Speech-Language Pathologist
<input type="checkbox"/> Assistant in Audiology	<input type="checkbox"/> Intern in Audiology	<input type="checkbox"/> Audiologist

4. Licensee's Email Address:

See Instruction Sheet for Disclosure Information

5. VERIFICATION TO BE SENT TO:

Verification to be sent by: (Select one) Mail Email Fax

Entity/Agency Name: _____	Attention Name: _____
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Entity/Agency Mailing Address:

P.O. Box, Street Number, Street Name, City, State, Zip Code

Entity/Agency Email Address: _____	Entity/Agency Fax Number: _____
See Instruction Sheet for Disclosure Information	(Area Code) Phone Number