



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
education@tdlr.texas.gov • www.tdlr.texas.gov

EDUCATION AND EXAMINATION SCHOOL VISIT REQUEST FORM INSTRUCTIONS

The purpose of a School Site Visit is to answer questions, observe and gather data to evaluate the school's performance and best practices. The goal is to facilitate a mutually beneficial experience by providing guidance and ensure understanding and compliance with all State Laws and Rules.

1. Name of School – Enter the assumed, legal or DBA name of the school.
2. School License Number – Schools must have a current license to request a site visit.
3. School Type – Indicate School type.
4. School Physical Address and Contact Information – Enter the school's physical address, phone number, fax number, and email address. This address is the actual business location of the school. A post office box is not acceptable for the physical address. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
5. Reason for Request – Please select all that applies.
6. Explanation for Request – Please explain your goal for requesting a school visit.
7. Preferred Date and Times – Indicate preferred dates and times for the site visit.

Send the completed form to:

education@tdlr.texas.gov

Once the request form is received, you will be contacted by a member of the Site Visit Team to set up a convenient time for your site visit.

NOTE: A School Site Visit is not an inspection, and you may not request a school site visit if you have a pending enforcement action(s).



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

education@tdlr.texas.gov • www.tdlr.texas.gov

EDUCATION AND EXAMINATION SCHOOL VISIT REQUEST FORM

1. Name of School: _____	2. School License Number: _____
------------------------------------	---

3. School Type: (Select one)

Barber
 Cosmetology
 Midwives
 Driver Education and Safety

4. School Physical Address and Contact Information: (P.O. Box is not allowed)

Number, Street Name, Suite Number/Building Number City, State, Zip Code

School Email Address School Phone Number School Web Address

Contact Person's Name Phone Number Email Address

5. Reason for request: (Select all that apply)

New School Director/Instructor
 Question and Answer Session
 Clock/Credit Hours
 What to expect during a school inspection
 Multi-School Visit
 Curriculum Development

6. Explanation for request:

7. Preferred Dates/Time frame:

Once the request form is received, you will be contacted by a member of the Site Visit Team to set up a convenient time for your Site Visit.

Date Preference	Time
1. _____	_____ to _____
2. _____	_____ to _____
3. _____	_____ to _____