

**TEXAS COMMISSION ON LAW ENFORCEMENT**  
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**EXAM SITE INFORMATION CHANGE FORM**  
Commission Rule 219, TCOLE Exam Site Agreement

This form is used to notify TCOLE of information changes for exam proctor(s), exam administrator, contact information, changes to the testing facility address or other notifications. This form should not be used to add or change TCLEDDS users or permissions. Please email [support@tcole.texas.gov](mailto:support@tcole.texas.gov) to request any changes that need to be made to TCLEDDS.

This form may only be submitted by the exam site administrator, designated liaison or agency head as shown in TCLEDDS or otherwise accompanied by a memorandum on departmental letterhead to support an alternate agency representative.

Use a separate page for each user you wish to change.

**Submitted By**

Exam Site Name		Exam Site Number		Submittal Date	
Submitted by: [ ] Agency/Academy Head [ ] Exam Administrator	First Name	Last Name	Phone	Email	

**Change in exam proctor information** (New proctors must read the [Proctor Manual](#), sign the acknowledgement form contained in the manual, and send the signed acknowledgement form with this change form to TCOLE.

[ ] Add [ ] Remove [ ] Info change only	[ ] Exam Proctor [ ] Exam Administrator	TCOLE PID	First Name	Last Name	
Exam Site Address			City	State	Zip
Work Phone	Cell Phone	Work Email			

**Change to the Testing Facility or Other Required Notifications**

Provide notification of changes of testing facility name, physical address, mailing address or contact information.

[ ] Facility/Site Change (Attach Photos for FSA Review) [ ] Other Notification: (Specify)	Primary Contact Name	Phone	Email
Details: (Attach additional documentation pages if necessary.)			

I attest I am authorized to submit this document as record to TCOLE and the information above is true and accurate.

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(Type or Print) Name Title Signature (Typed or Electronic Not Accepted) Date

Submit completed form via email to [contracts@tcole.texas.gov](mailto:contracts@tcole.texas.gov).