TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290 STE. 200, Austin, Texas 78723-1035
Phone (512) 936-7700
http://www.tcole.texas.gov

SCHOOL DISTRICT NUMBER APPLICATION

DISTRICT INFORMATION

1. District Name		2. Address	
TEA Number			
3. City	4. State TX.	5. County	6. Zip Code
7. Phone Number	8. Fax Number	9. Email	

DISTRICT SUPERINTENDENT INFORMATION

10. Title	11. First Name	12. M.I.	13. Last Name	14. Suffix (Jr.Etc)

List all cities in your district:_____

_____

List all counties in your district:_____

_____

Reported District Student Enrollment:_____

Authorized District Signature:

_____
Name (please type or print) Title Signature

_____
Name (please type or print) Title Signature

_____
Name (please type or print) Title Signature

REQUESTING GOVERNMENTAL BODY

I, the administrator of the governmental body making request, am fully aware that this application is a government document and under penalties of perjury I declare the foregoing information to be true and correct.

_____ _____ _____
Superintendent (Type or Print) Signature Date

Sworn to and subscribed before me, this day of Month, Year

Notary public in and for, State of Texas

My Commission expires /Month/Year

_____
Printed Name of Notary

Notary Seal or Stamp

_____
Signature of Notary