

Officer/Principal Owner/Board Member Affidavit
Texas Workforce Commission – Career Schools and Colleges

Name of School: _____ School #: _____

Physical Address: _____

Name (First / Middle / Last): _____

Maiden Name (If Applicable): _____

Home Address: _____
Street City State Zip

Date of Birth (mm/dd/yyyy): _____ Social Security Number: _____

Home/Mobile Phone Number: _____

Complete all of the following statements. If a statement does not apply, enter "Not applicable."
Do not leave any space blank.

1. List all career schools and colleges in which you have held an ownership interest of at least 10% or by which you have been employed in any capacity whether in or out of this state.

2. If you have ever had a diploma, credential, license or certificate of any kind denied, revoked, or suspended, or if you have held an ownership interest of at least 10% in, or been employed by, any career school and college whose credentials, license, or certification has been denied, revoked, or suspended, please state the facts here.

3. If you have ever been dismissed or asked to resign from any position of employment, please state the facts here.

4. If you have ever been convicted of a felony or a misdemeanor other than a minor traffic offense, complete and submit form CSC-014B, Professional Conduct.

I certify that the foregoing statements are true and correct.

I do hereby agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon the request of the Texas Workforce Commission.

I do further hereby agree and permit the Texas Workforce Commission to obtain from any person or entity information relating to my personal background, reputation, and character, and do hereby expressly direct that any such person or entity release such information upon the request of the Texas Workforce Commission.

I do hereby release, discharge and exonerate the Texas Workforce Commission, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising therefrom.

The foregoing consent and release is valid and binding so long as I hold or seek any certificate, license, or permit under the authority of *Chapter 132 of the Texas Education Code*.

I understand that purposely submitting false or misleading information on this application may subject me to a fine, a prison sentence, or both.

Signature

Notary

State of _____ County of _____, where witnessed.

Subscribed and sworn to me this (mm/dd/yyyy) _____

My commission expires (mm/dd/yyyy) _____

STAMP/ S E A L

Signature of Notary

Completed forms, inquiries, or corrections to the individual information contained in this shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.statetx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.