TEXAS COMMISSION ON LAW ENFORCEMENT

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

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3) Commission Rule 217.01, 217.1, 217.7, 221.35

INDIVIDUAL INFORMATION						
1. TCOLE PID	2. Last Name		3. First Nar	me	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address	IV.		7. City		8. State	9. Zip Code
Is this exam for a s	tudent enrolling in	an academy?	Yes □ No.		F 60%	
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If yes, check one M Peace Officer County Corrections Telecommunicators School Marshal						
Attention Request performed by a lice approval by the Correquesting agency under exceptional of	ensed psychologi mmission, it may b must request prior	ist or a psychia e performed by approval in writ	itrist except in an e	exceptional circums diphysician. The C	tance wher	n, upon prior
APPOINTMENT (Do not check if student)						
10. Peace Officer Reserve Officer County Jailer Telecommunicator School Marshal						
☐ Juvenile Probation	on Officer	ublic Security Of	ff.			
			DEPARTMENT INFO			
11. TCOLE Number 12. Agency/Academy Name 13. Mailing Address University of Houston Downtown Criminal Justice						···
511368	Trianing Center	OneMain St, C-114				
14. City		15. County	33	16. Zip Code	17. Pho	one Number
Houston		Hanis		77002	713-221	l -86 90
Attention Examini performed by a lice approval by the Corapproval in writing acceptable. STATEMENT OF Elama[] Licens examination of the concluded that, on	ensed psychologic mmission, it may be and must receive s EXAMINER: (Pleased Psychological above named indi	st or a psychia be performed by specific written a se check the ap ist, [] Psyc vidual pursuant (atrist except in an e a qualified licensed approval before an appropriate box and chiatrist, and I do to professionally re	exceptional circumsic d physician. The age examination under d provide the requirectify that I have conceptible to cognized standards	tance where gency must exceptionate rested informal completed as and meth-	n, upon prior t request prior al circumstances is ermation) psychological ods. I have
accept the respons						om the dates,
Examiner:						-
Na	me (type or print)			State Lie	cense Nui	mber
Mailing Address:						
	Street		City	State	Zip	6.3
Phone Number:		Da	ate of Examination(s)			
Signature				Date		
oignature				Date		

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND

IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.