



Texas State Board of Dental Examiners

333 Guadalupe Street, Tower 3 Suite 800
Austin, Texas 78701-3942
(512) 463-6400 | Fax (512) 463-7452

**FEE IS PER
REQUEST**

\$25.00

BOARD SCORES REQUEST FORM

Instructions: This form may only be used by the licensee requesting his/her own scores. You may not request board scores that are not your own. Mail this form along with your check or money order made payable to the Texas State Board of Dental Examiners and mail it to the address above. Processing may take up to two weeks.

I am requesting board scores for the following license:		
<input type="checkbox"/> Dentist License #: _____		<input type="checkbox"/> Dental Hygiene License #: _____
Total Number of Requests: _____		Total Amount Due: \$ _____
First Name	Middle Name	Last Name
Current Address		
Permanent Address		
Work Address		
Preferred mailing address: (preferred address will be made available to the public) <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Work		
Daytime Phone #:	Email Address:	

Recipient Information: Name and Address to where you want the request to be mailed to.

Name/Organization			
Address	City	State	Zip Code

Signature

Date