



Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600
Austin, Texas 78701
(512) 463-6400 | Fax (512) 649-1658

**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:

Dentist License #: _____

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)

Current

Permanent

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