TEXAS WORKFORCE COMMISSION

Career Schools and Colleges

Current Instructor Listing

School # _____ School Name _____

School Location (physical address)_____ Phone ( ) _____

School Mailing Address _____ City/State/Zip _____

School e-mail address _____School FAX ( ) _____ School (800) #_____

School Director _____ Today's Date _____

With the complete application for renewal, please submit the names and Social Security Numbers of your current instructors and the subjects they teach. If instructors were approved prior to January 1994, please submit documentation of approval. *(Please type this information and make copies as needed)*

Name of Instructor, Social Security #, & Hire Date	Subjects Taught

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 104T, 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.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.