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

Personal Information Change

Name/Address/Driver License/DOB

Commission Rule § 211.27

Please Print Legibly

Please email to
credentialing.help@tcole.texas.gov or mail to
the address above .

1. Last Name (Name on File)	2. First Name (Name on File)	3. M.I.	4. Suffix (Jr., etc.)
5. TCOLE PID			

New Name / Address / Driver License / DOB / Personal Information:

Attach copy of driver's license, state issued ID or certified copy of court order.

6. Last Name	7. First Name	8. M.I.	9. Suffix
10. Date of Birth	11. Driver License No.	12. Driver License state	13. Driver License Gender
14. Address			
15. City	16. State	17. Zip Code	
18. Phone Number	19. Email Address		
20. Height in Feet' Inches"	21. Weight in Lbs.	22. Hair Color .	23. Eye Color .

I certify that the above information is true and correct, and may be used to update my TCOLE personal record.

_____ _____
Signature of Licensee Date