

May 21, 2010

Firstname Lastname  
 555 N. Texas St.  
 Anytown, TX 77777

Social Security Number:  
 XXX-XX-XXXX

Dear Ms. Lastname:

This letter will verify exam(s) taken and the score(s) for the Texas certification examinations listed below:

**Educator Information:**

**SSN: XXX-XX-XXXX**

First Name: **Firstname**

Last Name: **Lastname**

Type	Code	Description	Admin Date	Result	Score	Institution	Cert Rt
TEXES	101	Generalist EC-4	9/11/2002	Fail	215	University of Teacher	01 University Based Initial
TEXES	101	Generalist EC-4	11/05/2002	Fail	210	University of Teacher	01 University Based Initial
TEXES	101	Generalist EC-4	02/02/2003	Pass	242	University of Teacher	01 University Based Initial
TEXES	100	Pedagogy and Professional Responsibilities EC-4	10/04/2003	Pass	263	University of Teacher	01 University Based Initial
TEXMAT	088	Master Technology Teacher	08/25/2006	Pass	244	Name of EPP	38 ACP with Prep

Sincerely,

Division of Educator Standards  
 Texas Education Agency

