

**Texas Education Agency  
Division of Educator Standards**

**ASEP Data Reassignment Form**

<b>To Be Completed by the Candidate</b>																	
<b>Social Security or File Number</b>										<b>Date of Birth</b>							
										M	M	D	D	Y	Y	Y	Y
Last Name				First Name				Middle Name				Maiden Name					
<p>I _____ hereby, formally withdraw from the educator preparation program</p> <p style="margin-left: 40px;">Candidate's Printed Name</p> <p>_____</p> <p style="margin-left: 40px;">Name of Original Program</p> <p>and wish to be added to _____</p> <p style="margin-left: 180px;">Name of Admitting Program</p> <p>Signed _____</p> <p style="margin-left: 100px;">Candidate's Signature</p> <p style="margin-left: 350px;">Date</p>																	
<b>To Be Completed by the Original Educator Preparation Program</b>																	
Name of Original Entity										County-District Number							
										--							
Typed Name and Title of Program Administrator or Certification Officer				Date			Telephone / email			Signature							
				MM	DD	YYYY	(    )										
<b>To Be Completed by the Educator Preparation Program Admitting the Candidate</b>																	
Name of Admitting Entity										County-District Number							
										--							
Area and Level of Certification Sought										Anticipated Completer Year							
Typed Name and Title of Program Administrator or Certification Officer				Date			Telephone / email			Signature							
				MM	DD	YYYY	(    )										

**Preparation Program Admitting Candidate  
Please Fax this form to (512) 936-8231.**