

**Texas Education Agency
Division of Educator Standards**

ASEP Data Reassignment Form

To Be Completed by the Candidate																	
Social Security or File Number										Date of Birth							
										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: 100px;">Name of Admitting Program</p> <p>Signed _____</p> <p style="margin-left: 100px;">Candidate's Signature</p> <p style="margin-left: 300px;">Date</p>																	
To Be Completed by the Original Educator Preparation Program																	
Name of Original Entity										County-District Number							
										--							
Typed Name and Title of Program Administrator or Certification Officer				Date			Telephone / email			Signature							
				MM	DD	YYYY	()										
To Be Completed by the Educator Preparation Program Admitting the Candidate																	
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.**