Cessation of Operations Affidavit (Licensed School Close-Out)

Texas Workforce Commission - Career Schools and Colleges

Instructions: this form must be signed a	nd notarized.
STATE OF TEXAS	*
CONNEN	*
COUNTY OF	*
BEFORE ME, personally appeared	,
And after being duly sworn, deposed as	follows:
"My name is	, and I own/operate/direct
making this affidavit and personally	. I am of sound mind, capable of acquainted with the facts herein stated:
(name of school)	(street address, city, state)
ceased operations on (date	of closing) ·
The last day of instruction was	day of classes or any other instructional activity)
(day of classes of any other met detronal activity)
All refunds, including applicable penalth liability to students who enrolled at the s The school will not reopen until the scho Texas Workforce Commission or a lette	ies, have been made; and there is no outstanding
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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 226T, 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.