The head of the department in which the eligible firefighter or law enforcement officer was employed (or volunteered) at the time the incident occurred must file a certificate with the Texas Higher Education Coordinating Board using this template (see Texas Education Code, Section 54.351).

**THE TEXT BELOW MUST BE WRITTEN ON OFFICIAL DEPARTMENT OR AGENCY LETTERHEAD.**

Texas Higher Education Coordinating Board  
ATTN: Financial Aid Services  
PO Box 12788  
Austin, Texas 78711-2788

To Whom It May Concern,

Pursuant to Texas Education Code, Section 54.351, this letter certifies that (FULL NAME OF DISABLED OFFICER) was once a paid or volunteer (SELECT FROM THE LIST BELOW) for the (NAME OF DEPARTMENT OR AGENCY).

- ______ Firefighter  
- ______ Municipal peace officer  
- ______ County peace officer  
- ______ State peace officer  
- ______ State game warden  
- ______ Custodial officer of the Texas Department of Criminal Justice

In addition, this letter certifies that (FULL NAME AS STATED ABOVE) suffered an injury sustained in the line of duty on (DATE OF INJURY). This injury resulted in his or her disability.

**NOTE:** A certificate of disability issued by a physician designated to make disability reports to the Social Security Administration must be provided with this letter. The physician’s certification must align with the meaning of disability as described in TEC, Section 54.351(a)[2].

Pursuant to TEC, Section 54.351(h), the head of (NAME OF DEPARTMENT OR AGENCY), or the authorized official named below certifies that the information provided in this letter and in the attached documents is true and accurate.

____________________________  ______________________________
Signature of Department Head or Authorized Official  Date

____________________________  ______________________________
Full name  Title

____________________________  ______________________________
Email  Phone number