

___ ADDRESS CHANGE
___ RESIDENCY RECLASSIFICATION

FOR OFFICE USE ONLY			
___ID	___OD	___OS	___Initial

Social Security# _____

I, _____ have lived in **Texas** since _____
Name Date

I am claimed as a dependent on my parent/legal guardian's federal income taxes. ___ Yes ___ No

I have lived at the following address(s):

_____ (_____)
Current Address City State Zip From/Current

_____ (_____)
Prior Address City State Zip From/To

_____ (_____)
Prior Address City State Zip From/To

_____ Phone

_____ email

<p>I moved to Texas for the following reason: (MUST BE COMPLETED FOR ALL OUT OF STATE RECLASSIFICATIONS)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Do you intend to make Texas your permanent home? ___ Yes ___ No</p>

Notes:

I understand the requirements for classification as a resident of Texas for tuition purposes, and I affirm by my signature below, that to the best of my knowledge and belief I am eligible to be so classified. I also affirm that I will notify the proper officials of this institution if circumstances change so as to disqualify me for this classification. I understand that any violation of this oath of residency will result in disciplinary action.

Signature

Date

Approved: _____ Denied: _____ By: _____
Reason for denial: _____ _____