

## Address Change/Residency Reclassification

Use for Address Changes and/or Residency Reclassification

- ☐ Residence Address Change  
☐ Mailing Address Change  
☐ Residency Reclassification

For Office Use Only  
☐ ID ☐ OD ☐ OS

Student ID or SS # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

### Address Update/Change

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

Residence Address:

☐ Same

Number Street City State County Zip Code Date Moved In

Mailing Address

Number Street City State County Zip Code

Phone Number \_\_\_\_\_

Home

Cell

Email

### Residency Reclassification

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

Date Moved to Texas \_\_\_\_\_

Current Address City State Zip Date Moved In Date Move Out

Prior Address City State Zip Date Moved In Date Moved Out

Prior Address City State Zip Date Moved In Date Moved Out

### This Section Must be Completed for all Out-of-State Reclassifications

I moved to Texas for the following reason: \_\_\_\_\_

Do you intend to make Texas your permanent home? ☐ Yes ☐ No

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: \_\_\_\_\_