



# Residence Address Update/Change/Reclassification

Use for Physical Address Changes and/or Residency Code Reclassification

- Residence Address Change
- Residency Update
- Residency Reclassification

For Office Use Only			
<input type="checkbox"/> ID	<input type="checkbox"/> OD	<input type="checkbox"/> OS	<input type="checkbox"/> Initial

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

## Address Update/Change

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

Residence Address: \_\_\_\_\_ ( \_\_\_\_\_ )  
Number Street City State County Zip Code Date Moved In

Mailing Address Also?

Phone Number: \_\_\_\_\_  
Home Cell Work

## 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

\_\_\_\_\_ ( \_\_\_\_\_ )  
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: \_\_\_\_\_

\_\_\_\_\_