

Address Change/Residency Reclassification

Use for Address Changes and/or Residency Reclassification

- Residence Address Change
- Mailing Address Change
- Residency Reclassification

For Office Use Only		
<input type="checkbox"/> ID	<input type="checkbox"/> OD	<input type="checkbox"/> 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: _____