Figure: 19 TAC §21.25(c)

Chart I

	AFFIDAVIT	
STATE OF TEXAS	§ 8	
COUNTY OF	§ §	
Before me, the under	signed Notary Public, on this day perso	nally appeared
known to me, who being by m	ne duly sworn upon his/her oath, depos	sed and said:
My name is years of age. I have personal correct.	knowledge of the facts stated herein a	I am nd they are all true and
I graduated or will gradua Texas.	te from a Texas high school or received	d my GED certificate in
3. I resided in Texas for thirt receiving my GED certificate.	y-six months leading up to graduation	from high school or
	e resided in Texas for the 12 months imn n which I will enroll in	
	(coll	ege/university).
5. I have filed or will file an a as soon as I am eligible to do	application to become a permanent resi so.	dent of the United States
In witness whereof, this	day of	· · · · · · · · · · · · · · · · · · ·
	(Signature)	_
	(Printed Name)	_
	(Student I.D.#)	_
	(Student Date of Birth)	_
SUBCRIBED TO AND SWO	RN TO BEFORE ME, on the	day of
		, to certify
which witness my hand and of	fficial seal.	
	Notary Public in and for	the State of Texas



Office of Admissions and Records

80 Fort Brown • Brownsville, Texas 78520 • (956) 295-3640 • Fax (956) 295-3601 • www.tsc.edu

Affidavit of Residency

Senate Bill 1528 (Formerly HB 1403)

NAME:		DOB :	SSN:
	(Please print)	_	
ADDRESS:	(Street)		PHONE Home: () -
(Permanent)			Work: () -
	(City) (State) (Zip Code)		Cell: () -
E-MAIL:			
 I am understand offer accept I gradua I resided I have rewhich I will I have fi 	led or will file an application to become a peri	ls for rejection, or appropriate or receive uation or st 12 morest	ection of my application, withdrawal of any opropriate disciplinary action. red my GED certificate in Texas. receipt of GED. nths prior to the census date of the semester in
eligible to d	SIGNATURE:		DATE:
State of		County	of
This instrur	ment was acknowledged before me on	, 20	Name(s) of person(s) acknowledging
Signature o	f Notary Public		
Type Name	e of Notary Public		
My commis	ssion expires 20	·	



Office of Admissions and Records P.O. Box 9701, McAllen, TX 78502-9701 (956) 872-8323 Fax: (956) 872-8321

STATE OF TEXAS COUNTY OF	{ { {
	AFFIDAVIT
	ED NOTARY PUBLIC, on this day personally appeared, known to me to be the person whose name is nent and who, being by me duly sworn upon his/her oath,
 contained herein, and it is tru I graduated or will graduate GED certificate in Texas. I resided in Texas for three y my GED certificate. I have resided or will have re semester in which I will enro 	from a Texas high school, or I received or will receive my years leading up to graduation from high school or receiving esided in Texas for 12 months prior to the census date of the
IN WITNESS WHEREOF, SIGNED, 20	O IN, Texas on this the day of
	Student Signature
DOB/SID	Printed Name
	BEFORE ME, the undersigned Notary Public, on this the, 20, to certify which, witness my hand and official seal
[Stamp and Seal of Office]	Notary Public in and for the State of Texas



Office of Undergraduate Admissions Visitors Center 1.113 1201 West University Drive Edinburg, TX 78539

Notary Public in and for the State of Texas

Phone: (888) 882-4026

AFFIDAVIT					
STATE OF TEXAS §					
COUNTY OF					
		ned Notary Public, on this day personally appeared , known to me, who being by me du	ıly sworn upon his/her		
oa	th, deposed and said:				
1.	My name is personal knowledge o	I am yof the facts stated herein and they are all true and co	rears of age. I have orrect.		
2.	2. I graduated or will graduate from a Texas high school or received my GED certificate in Texas.				
3.	3. I resided in Texas for thirty-six months leading up to graduation from high school or receiving my GED certificate.				
4.	I have resided or will have resided in Texas for the 12 months immediately preceding the census date of the semester in which I will enroll at The University of Texas Rio Grande Valley .				
5.	5. I have filed or will file an application to become a permanent resident of the United States as soon as I am eligible to do so.				
In	witness whereof, this _	day of,,	.		
	-	(Student Signature)			
(Printed Name)					
	-	(Student ID #)			
	-	(Student Date of Birth)			
sı	JBCRIBED TO AND S	WORN TO BEFORE ME, on this	day of		
		_,, to certify which witness my hand an	nd official seal.		