

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:		<i>DOB</i> :	SSN:
ADDRESS:	(Please print)		PHONE <i>Home</i> : () -
	(Street)		
(Permanent)	(City) (State) (Zip Code)		Work: () -
			Cell: ()
E-MAIL:			-
Oath and	Information Certification		
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STUDENT S	SIGNATURE:		
State of		County	v of
This instrun	ment was acknowledged before me on	, 20	Name(s) of person(s) acknowledging
Signature of	f Notary Public		
Type Name	e of Notary Public		
My commis	ssion expires20	·	