



MILITARY RESIDENCY DECLARATION
A New Form Must Be Submitted Every Fall Semester

Personal Information

<hr/>	<hr/>	<hr/>	<hr/>
Student's Last Name	First Name	Middle Name	SS#
<hr/>			
Local Mailing Address			
<hr/>			
Telephone Number	My Military Identification Card Number		
 <input type="checkbox"/> I affirm that I am currently a dependent of a member of an active U.S. military unit stationed in Texas			
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Name of Military Member	SS# of Military Member	Relationship to Student	
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Military Unit Designation & Mailing Address			Unit Telephone
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I CERTIFY THAT THIS ABOVE INFORMATION IS TRUE AND CORRECT			
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Signature of Student		Date	

**PLEASE NOTE THAT OFFICIAL CERTIFICATION BELOW MUST BE PROVIDED:
CERTIFICATION TO BE COMPLETED BY MILITARY UNIT OF ASSIGNMENT**

This is to confirm Military Assignment indicated above. I further certify that to the best of my knowledge that same assignment will be in effect on date member enrolls at Texas A&M University-Kingsville.	
Certification may be awarded for a specified term or terms of an academic year (fall through summer). Please indicate the term or terms in which this certification will effect:	
The waiver is effective for: Fall <u>20</u> Fall Inter <u>20</u> Spr <u>20</u> Spr Inter <u>20</u> SU <u>20</u>	
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Name of Unit	Print Name of Commanding Officer
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Station	Signature of Certifying Officer
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