



MILITARY RESIDENCY DECLARATION

<hr/> Student's Last Name	<hr/> First Name	<hr/> Middle Name	<hr/> SS#
<hr/> Local Mailing Address			
<hr/> Telephone Number		<hr/> 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			
<hr/> Name of Military Member	<hr/> SS# of Military Member	<hr/> Relationship to Student	
<hr/> Military Unit Designation & Mailing Address			<hr/> Unit Telephone
I CERTIFY THAT THIS ABOVE INFORMATION IS TRUE AND CORRECT			
<hr/> Signature of Student		<hr/> 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 registers 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 scholarship is effective for: Fall _____ Spr _____ Spr Inter _____ SSI _____ SSII _____ Fall Inter _____

<hr/> Name of Unit	<hr/> Print Name of Commanding Officer
<hr/> Station	<hr/> Signature of Certifying Officer