TEXAS A&M UNIVERSITY SAN ANTONIO

OFFICE OF THE REGISTRAR

SENATOR FRANK L. MADLA BUILDING, ROOM 303 ONE UNIVERSITY WAY, SAN ANTONIO, TEXAS 78224 PHONE: (210) 784-1300 FAX (210) 784-1494

MILITARY RESIDENCY DECLARATION

	K/J#
Name (First, Middle, Last)	ID Number
Local Mailing Address	
Telephone Number	Military ID Card Number
I affirm that I am currently a member of an act	ive U.S. Military unit stationed in Texas.
Military Unit Designation & Mailing Address	Unit Telephone
I CERTIFY THAT THE ABOVE INFORMAT	ION IS TRUE AND CORRECT
Signature of Student	Date
IN ADDITION TO A COPY	FICATION BELOW MUST BE PROVIDED Y OF MILITARY ORDERS: BY MILITARY UNIT OF ASSIGNMENT.
	bove. I further certify that to the best of my knowledge aber registers at Texas A&M University-San Antonio.
Certification may be awarded for a special term or Please indicate the term or terms in which this certification	
The Certification is effective for: Fall	Spring Summer
Name of Unit	Print Name of Commanding Officer
Station	Signature of Certifying Officer