

**OATH OF RESIDENCY**

I understand that information submitted herein will be relied upon by university officials to determine my residency eligibility. I authorize the university to verify the information I have provided. I affirm by my signature that to the best of my knowledge and belief I am eligible to be classified as a resident of **Louisiana**. I also affirm that I will notify the proper officials at this institution if circumstances change so as to disqualify me for this classification. I understand that violation of this oath of residency will result in disciplinary action. Should any information change prior to my enrollment at Stephen F. Austin State University I will immediately notify the SFA Office of Admissions.

**NOTARIZATION**

THE STATE OF TEXAS or LOUISIANA

COUNTY/ PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day, personally appeared

\_\_\_\_\_, known to me to be the person whose name is

subscribed on the foregoing instrument and, being by me first duly sworn, upon oath declared

that the statements and capacity acted in are true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ A.D., to certify which witness my Hand and seal of office:

(Seal)

\_\_\_\_\_  
Notary Public - Signature

\_\_\_\_\_  
Notary Public - Printed or Typed

My commission expires: \_\_\_\_\_

**Please submit a copy of your Louisiana driver's license or ID.**