



SSN: _____

AFFIDAVIT OF PERMANENT RESIDENT INTENT

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STATE OF TEXAS
COUNTY OF _____

Before me, the undersigned Notary Public, on this day personally appeared

_____ known to me, who being by me duly sworn upon his/her oath, deposed and said:

1. My name is _____. I am _____ years of age and have personal knowledge of the facts stated herein and they are all true and correct.
2. I graduated or will graduate from a Texas high school or received my GED certificate in Texas.
3. I resided in Texas for 36 months leading up to graduation from high school or receiving my GED certificate.
4. I have resided or will have resided in Texas for the 12 months prior to the census date of the semester in which I will enroll in Dallas Baptist University.
5. I have filed or will file an application to become a permanent resident at the earliest opportunity that I am eligible to do so.

In witness whereof, this _____ day of _____, 20_____

(Signature)

(Printed Name)

(Student ID#)

SUBSCRIBED TO AND SWORN TO BEFORE ME,
on the _____ day of _____ which witness my hand and official seal.

Notary Public in and for the State of Texas

Return this form with any attachments to:
Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
Please scan, attach and email to finaid@dbu.edu or fax (214)-333-5586.