



Temple College Certificate of Residence  
For Military Personnel, their spouses and dependents

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

This is to certify that \_\_\_\_\_

*Name of person in Military Service*

who is the \_\_\_\_\_ of the student identified above, was assigned to military duty in the

*Relationship*

state of Texas on \_\_\_\_\_

*Date*

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Date

For College Use Only:

Entered by/Date: \_\_\_\_\_

Expiration date: \_\_\_\_\_