

On-Campus Enrollment Affidavit
Texas Workforce Commission – Career Schools and Colleges

School # _____

This is to certify that _____
(Name of School)

(Physical Address)

(City, State, Zip)

will not have enrollment contracts or agreements signed anywhere except on the school premises.

Being duly sworn, depose and say that the information stated herein is true and correct to the best of my knowledge and belief.

Typed Name of Officer, Principal Owner, or Board Member

Signature

Notary

State of _____ County of _____, where witnessed.

Subscribed and sworn to me this (mm/dd/yyyy)_____

My commission expires (mm/dd/yyyy)_____

STAMP/S E A L

Signature of Notary

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001