Texas Education Agency Division of Driver Training

STUDENT AFFIDAVIT

| Legal Name (printed or typed) | Mailing Address | |
|---|--|---|
| City | ,State | ,ZIP Code |
| | | |
| Driver's License Number (if applicable) | , | |
| State Issuing Driver's License | COPY PICTU | RE ID HERE |
| make the following Statement: | | |
| I have read and accepted the school's Stu | udent Enrollment Contract and T | erms of Agreement for |
| Drivin | gUniversity.com | |
| I personally attended and completed the afor with the policies and procedures of the course other than assistance from the school's tech misrepresent my identification in any way whicense or equivalent type of photo identificatio | e. I did not receive any assistar inical support staff or instructor ille taking this driving safety cou | nce to complete this course is. I have not attempted to |
| Signature | | |
| STATE OF CO | JNTY OF | |
| Personally appeared before me, the above-name who provided the document copied above, a executed this affidavit and that the statements to the best of her/his knowledge and belief. | and who being duly sworn, dep | |
| SUBSCRIBED AND SWORN before me this _ | day of | , 200 |
| Notes Dubling | | |
| Notary Public (signature) | | |
| MY COMMISSION EXPIRES: | | |

Send affidavit by email to texas@drivinguniversity.com or by fax to 1-877-919-8230