

Texas Education Agency  
Division of Driver Training  
STUDENT AFFIDAVIT

I, \_\_\_\_\_, \_\_\_\_\_  
Legal Name (printed or typed) Mailing Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Driver's License Number (if applicable)

\_\_\_\_\_  
State Issuing Driver's License



**make the following Statement:**

I have read and accepted the school's Student Enrollment Contract and Terms of Agreement for

\_\_\_\_\_  
Name of Course Provider/Course

I personally attended and completed the afore-mentioned six-hour driving safety course in accordance with the policies and procedures of the course. I did not receive any assistance to complete this course other than assistance from the school's technical support staff or instructors. I have not attempted to misrepresent my identification in any way while taking this driving safety course. A copy of my driver's license or equivalent type of photo identification is shown on this page.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared before me, the above-named \_\_\_\_\_, known to me, who provided the document copied above, and who being duly sworn, deposes and says that she/he executed this affidavit and that the statements and representations contained therein are true and correct to the best of her/his knowledge and belief.

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public (signature)

*SEAL*

COMMISSION EXPIRES: \_\_\_\_\_