



DECLARATION OF RESIDENCE FORM

NAME AND SURNAME	
T.C ID NO PASAPORT NO (For foreigners) :	
STUDENT NUMBER	
DEPARTMENT	
FATHER NAME	
MOTHER NAME	
DATE AND PLACE OF BIRTH	
CURRENT ADDRESS: DISTRICT. / STREET. / AVENUE:	
(CONT.) BUILDING NO / FLAT NO :	
PROVINCE :	
TOWN.	
NUMBER	
PHONE :	
E-MAIL	

I, the undersigned, do hereby declare that the information given about my identity and residence is true and correct to the best of my knowledge and belief and I agree to receive all the legal documents in the indicated address. In the case of changing the information, I declare that I am to notify 2 (two) weeks at the latest.

Date : / /

Signature

Name and Surname :