**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 : ………………………