



**TEXAS**  
**Health and Human**  
**Services**

Date
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Name of Representative
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Office Address and Telephone No.
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Dear Registrar:

Pursuant to Chapter 54.212 of the Texas Education Code, this is to certify that the student named below, as a dependent child, received Temporary Assistance for Needy Families (TANF) for at least six months during the student's senior year in high school.

Student's Name	Student's Social Security No.
Student's Address (Street, City, State, ZIP)	

It is my understanding that this student wishes to use his/her tuition and fee exemption at this Texas institution of higher education.

Sincerely,

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 Signature – Representative