

Texas A&M University-Texarkana

ACKNOWLEDGEMENT

I understand that my application for admission to Texas A&M University-Texarkana warrants this background check. Further, I agree to furnish the necessary information to the Admissions Department in order to complete the background check (name, race, date of birth, etc.)

(Signature)

(Date)

Full Name:

Address:

City, State, ZIP:

Phone Number:

Date of Birth:

Social Security #

Email