

Applicant/Employee: _____

NOTE: This document is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 16-11-14 of the Criminal Code of Georgia. **This document must be fully completed, signed, and notarized including the notary stamp of the person notarizing the document, and must be uploaded as an accompanying document to the electronic form for the Security Oath and Criminal Self Disclosure. Documents not meeting this criteria will not be accepted or processed.**

AFFIDAVIT OF VERIFICATION

State of (state where you reside) _____ County (county where you reside) _____

Personally, appeared before the undersigned attesting officer, duly authorized to administer oaths, (Print your name) _____ who, after being sworn, deposes and says and declares under penalties of false swearing that he or she is the person who executed the foregoing instrument; that he or she has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him or her in the foregoing questionnaire, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME _____

This _____ day of _____, _____
Month Year

Signature of Applicant/Employee

Notary Public

County of _____ My commission expires _____ day of _____, _____
Month Year

(Affix seal)

INFORMATION TO BE FURNISHED BY APPLICANT/EMPLOYEE

INSTRUCTIONS TO UNIT: If this questionnaire is executed by applicant, insert "APPL" in the space for date of appointment, and show date of application. If this questionnaire is executed by an individual who has been offered employment or who is already employed, provide the information requested.

DATE OF APPOINTMENT	TITLE OF POSITION	UNIT AND DEPARTMENT	DUTY STATION
			Clayton State University

**Board of Regents
University System of Georgia
LOYALTY OATH**

STATE OF (state where you reside) _____ COUNTY OF (county where you reside) _____

I, (Print your name) _____, a citizen of _____
State / Country

and being an applicant/employee of the University System of Georgia and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

This _____ day of _____, _____
Month Year

Signature of Applicant/Employee

Sworn to and subscribed before me this day and year above set out.

Notary Public

(Affix Seal)

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