

**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 \_\_\_\_\_  
Signature of Applicant/Employee

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_ My commission expires \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

(Affix seal)

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**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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