



## TEXAS SHEEP AND GOAT VALIDATION CHANGE OF ADDRESS REQUEST FORM

Exhibitor Name(s): \_\_\_\_\_

County: \_\_\_\_\_

Reason for Changing Address: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Phone Number of Parent or Legal Guardian: \_\_\_\_\_

Original Physical Address where livestock were cared for by Exhibitor:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

New Physical Address where livestock will be cared for by Exhibitor:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

***By signing this document, I agree that all of the information above is correct to the best of my knowledge.***

Exhibitor(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervising CEA/AST:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**County-Level State Sheep/Goat Validation Chairperson:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**District Extension Administrator:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_