

Loyalty Oath

Name of Employee:

Social Security Number:

Department:

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office of employment during such time as I am an employee of the University of Oklahoma.



Affiant's Signature

>>>>> FOR OFFICE USE ONLY <<<<<

Subscribed and sworn to before me on this _____ day _____ (month) _____ (year)
(day)

Notary Public, or other officer authorized to administer oaths or affirmations.

My Commission Expires on (mm/dd/yy): _____

Commission Number: _____

