

Florida Residents

This page must be completed in full if you claim Florida residency for tuition purposes.

Please attach copies of supporting documentation if required.

Please mark one of the qualifying statements that best describes your residency status. While more than one statement may be applicable, only one is required.

- A. I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
 B. I am **married to a person** who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home (Required: Copy of marriage certificate, proof of residency status).
 C. According to the United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least months (Required: INS documentation, proof of residency status).
 D. I am a full-time instructional or administrative employee **employed by a Florida public school, community college, or institution of higher education**, or I am the **employee's spouse or dependent child** (Required: Copy of employment verification).

- ❖ Person claiming residency should complete this section in full.
- ❖ Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought. All documentation is subject to verification.
- ❖ Additional documentation other than what is required above may be requested in some cases.

Please print.

Please provide a brief explanation of your activities for the last two years, including the city, state, and dates.

Activity	City, State	Dates (From – To)

1. Name of student: _____ 2. Student social security number: _____/_____/_____
3. Name of person claiming Florida residency: _____
4. Claimant's relationship to student: _____
5. Claimant's permanent legal address: _____
- | | |
|--------|-------|
| Street | Apt |
| City | State |
| City | Zip |
6. Claimant's telephone number, including area code: () _____
7. Date claimant established legal Florida residency (mm/dd/yyyy): _____

Numbers 8-10: Please provide information for two of the items listed below.

8. Claimant's voter registration: State: _____ Number: _____ Issue date: _____
9. Claimant's driver's license: State: _____ Number: _____ Issue date: _____
10. Claimant's vehicle registration: State: _____ Tag Number: _____ Issue date: _____
11. Non-US citizen only. Resident Alien Number: _____ Issue date: _____
 (Required: Please provide photocopies of both sides of the card)

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and to BOG Rule 6C-6.001(6), F.A.C.

Signature of person claiming Florida residency (as listed in #3 above)

Date

Disclosure of Social Security numbers

The State University System of Florida operated a system of records prior to January 1, 1975, pursuant to regulations of the Florida Board of Regents that required the use of Social Security numbers. Therefore each university may continue to require the disclosure of Social Security numbers by applicants and students under the Federal Privacy Act of 1974. This information was and currently is received from you for the purpose of identification and verification of student records including registration, financial aid, and academic records and of verification of your identity in connection with the provision of university services.