

# Student Residency Form

**Name** (Please Print LEGIBLY) \_\_\_\_\_

**Quarter of Enrollment Residency is in Question** \_\_\_\_\_

1. Present Address: (Do **not** list a P.O. Box) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

List dates you have lived in Ohio? From: (MM/DD/YY) \_\_\_\_\_ To: (MM/DD/YY) \_\_\_\_\_

If you were absent from the State of Ohio for any period longer than 3 weeks during the previous 12 months, list the dates and your whereabouts below. (Use the back if more space is needed)

\_\_\_\_\_  
City/State \_\_\_\_\_ Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_

\_\_\_\_\_  
City/State \_\_\_\_\_ Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_

2. Are you a U.S. citizen? Yes \_\_\_\_ No \_\_\_\_  
Are you a:  Permanent Resident Alien,  Political Asylee,  Political Refugee?  
If so, what is your Alien Registration # \_\_\_\_\_ Issued Date: \_\_\_\_\_  
Is your status "**pending**" for Permanent Resident Alien or Asylee? Yes \_\_\_\_ No \_\_\_\_  
If none of the above, what is your current immigration status? \_\_\_\_\_

**You must attach a notarized copy of the above documentation, if you are NOT a U.S. citizen.**

3. How do you support yourself financially? (Check all that apply)

Employment Employer's Name: \_\_\_\_\_  
Dates of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
City & State of Employer: \_\_\_\_\_

Spouse's Employment  
Employer's Name: \_\_\_\_\_  
Dates of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
City & State of Employer: \_\_\_\_\_

Student Loans / Scholarships / Grants  
 Savings, Mutual Funds, Investments, etc.  
 Other Sources of Income (Explain) \_\_\_\_\_  
(Example: Trust Fund, Disability Insurance, Unemployment)

4. Do you receive any financial support from parents or other persons? Yes \_\_\_\_ No \_\_\_\_

If "**yes**", complete the following: Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Where do they live? (State) \_\_\_\_\_ # of Years \_\_\_\_\_

5. Who claimed you as an exemption on the last year's federal income tax return?  
Yourself: Yes \_\_\_\_ No \_\_\_\_ (OR) Some one else: Yes \_\_\_\_ No \_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Where do they live? (State) \_\_\_\_\_ # of Years \_\_\_\_\_

6. Do you have an Ohio driver's license: Yes \_\_\_\_ No \_\_\_\_  
7. Are you registered to vote in the State of Ohio: Yes \_\_\_\_ No \_\_\_\_  
8. Have you paid Ohio personal income tax? Yes \_\_\_\_ No \_\_\_\_ What years? \_\_\_\_\_

By signing below, I affirm that the information stated on this form is true to the best of my knowledge.

Signature: \_\_\_\_\_ OSU ID: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to: Residency Office, 320 Lincoln Tower, 1800 Cannon Drive, Columbus, Ohio, 43210

***\*Please note that additional documentation will most likely need to be provided\****