

Student Residency Form

Name (Please Print) _____

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: (Mo/Yr) _____ To: (Mo/Yr) _____

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: _____ Relationship: _____
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: _____ Relationship: _____
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: _____ Last 4 of SSN # _____ 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