

STUDENT RESIDENCY FORM

DATE: _____

Quarter of Enrollment Residency is in Question _____

Name: _____

Do you have an OH Driver's License? _____

DOB: _____

Are you registered to vote in Ohio? _____

OSUID: _____

Have you paid Ohio income tax? _____

Email Address: _____

What years? _____

Selective Service Number: _____

SERVICE MEMBERS PLEASE SEE BACK

for more info: <http://www.sss.gov>

PRESENT ADDRESS (do NOT list a PO BOX)

Street: _____

City: _____ State: _____ Zip: _____

List dates you have lived in Ohio: (MMDDYYYY)

From: _____ To: _____

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) _____

CITIZENSHIP:

Are you a U.S. Citizen? Yes _____ No _____

Are you a: Permanent Resident Alien Political Asylee Political Refugee?

What is your Alien Registration Number: _____

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 copy of the above documentation if you are not a US Citizen.

SUPPORT: 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) _____

Do you receive any financial support from parents or other persons?

Name _____ Relationship _____

Address _____

City _____ State: _____ Zip: _____

List dates they have lived in Ohio: (MMDDYYYY)

From: _____ To: _____

Who claimed you as an exemption on the last year's federal income tax return?

Yourself? OR Someone else:

Name _____ Relationship: _____

Address _____

City _____ State: _____ Zip: _____

List dates they have lived in Ohio: (MMDDYYYY)

From: _____ TO: _____

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***continued on back*

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MILITARY:

Are you currently enlisted in or a veteran of the U.S. Armed Forces?

Yes: _____ No: _____

Are you the spouse or dependent child of a currently enlisted or veteran of the U.S. Armed Forces?

Yes: _____ No: _____

Attach ALL of the following documents to this form (for ALL veteran, spouse/dependent applications):

- A copy of your Leave & Earning Statement (LES) or Certificate of Release or Discharge from Active Duty (DD214)
- A copy of your lease or settlement statement dated on or before first day of quarter of enrollment
- A copy of your Ohio driver's license or OH state ID

Additional Comments:

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

SIGNATURE: _____

Please note that additional documents may be required to be provided

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