

SUNY Orange Student Accounts Office Orange County Verification of Residence

 ${\bf AFFIDAVIT~(OR~AFFIRMATION)~AND~VERIFICATION~OF~RESIDENCE, IN~CONNECTION~WITH~ATTENDANCE~AT~ORANGE~COUNTY~COMMUNITY~COLLEGE*\\$

STATE OF NEW YORK, COUNTY OF		Semester: Fall		Sp	ring		S	ummer		
COUNTY OF		Student ID #	A							
		Social Securi	ty#		-		_			
Last Name:			First l	Name:						
Address:	Dates of Residency									
Street	City	State	Zip	County	_ From	/	/	То	/	/
Previous (If less than 2 year	rs at current)									
Street	City	State	Zip	County	_ From	/	/	То	/	/
Street	City	State	Zip	County	_ From	/	/	То	/	/
Mailing Address:		(If Different Tha	an Above)							
Citizenship:	U.S. Citizen	Other		[V	isa Type				
		OUR PERMANENT RI								
I hereby swear (or affirm) tha date of this affidavit (or affirm least six (6) months** immed	nation) and application	; been a legal resident of	the State of	of New York;	that I n	now am ar	nd have be			
I hereby swear (or affirm) tha (or affirmation), resided as sta		above home address and	that I have	e, for two yea	ırs imme	ediately p	rior to the	date of	f this a	ıffidavit
							_/20			
Sworn to (or affirmed) before Day of	me this, 20	Signature of Applican	ıt		Date					
Notary Public or Commission	er of Deeds									
*EDUCATION LAW, SECTION 6305, PRC SUBMISSION TO HIM OF SATISFACTOI RESIDENCE SHOWING THAT SAID PER CERTIFICATE OF RESIDENCE ISSUED) DATE OF ISSUANCE." EDUCATION LA COUNTY, CITY, TOWN, INTERMEDIAT OF SUCH PERSON'S REGISTRATION IN **IN THE EVENT THAT A PERSON QUA IMMEDIATELY PRECEDING HIS/HER A SHALL BE ALLOCATED AMONG THE S	RY EVIDENCE, ISSUE TO ANY ISON IS A RESIDENT OF SAID NOT EARLIER THAT TWO MO W, SECTION 6301, PARAGRAF E SCHOOL DISTRICT OF SCH I A COMMUNITY COLLEGE OI LIFIED AS ABOVE FOR STAT PPLICATION FOR A CERTIFIC EVERAL COUNTIES PROPOR:	PERSON DESIRING TO ENROLL COUNTY SUCH PERSON SHAI NITHS PRIOR THERETO, AND SUPH 4, DEFINES: "RESIDENT" A PEOOL DISTRICT, AS THE CASE MAX, FOR THE PURPOSES OF SECTIE RESIDENCE, BUT HAS BEED A CATE OF RESIDENCE PURSUANT	IN A COMMULL, UPON HIS CH CERTIFIC ERSON WHO FOR A PON 6305 OF TARESIDENT CONTROL TO SECTION ONTHS, OR M	JNITY COLLEGE A REGISTRATION I ATE OF RESIDEN I IAS RESIDED IN 1 ERIOD OF AT LEA HIS CHAPTER, HI OF TWO OR MORE 6305 OF THIS CH AJOR FRACTION	AS A NON FOR EACH CE SHALL THE STATI AST SIX M S APPLICA COUNTII TAPTER, TI THEREOF	-RESIDENT S I COLLEGE Y L BE VALID F E FOR A PER IONTHS, BOT ATION FOR A ES IN THE ST HE CHARGES L OF RESIDE	STUDENT, A 'EAR, FILE W FOR A PERIO IOD OF AT L ITH IMMEDIA A CERTIFICA 'ATE DURING S TO THE CO	CERTIFICATION OF ONE LEAST ONE LEAST ONE LEAST ONE LEAST ONE LEAST OF RESERVING THE SIX	ATE OF COLLEC YEAR F E YEAR . ECEDING SIDENCI MONTH OF RESID	GE SUCH A FROM THE AND IN THE G THE DATE E. HS
CERTIFICAT		IFICATE DENIED ()								