



REQUEST FOR IN-DISTRICT STATUS

Name (Please Print): _____ Date of Birth: _____

Student Number: _____ Telephone: _____

Out-of-District Address: _____

In-District Address: _____

Check the appropriate box below:

- I graduated from a Jefferson County high school. Graduation date: _____
Name of high school: _____
- I am a dependent student whose parents have established residency in Jefferson County.
Initial date of residency: _____
- I am an independent and self-supporting student who has established residency in Jefferson County. Initial date of residency: _____

Provide copies of at least three of the following:

- Driver's license showing Jefferson County address;
- Voter's Registration card for Jefferson County;
- Copy of Veteran's Administration DD214 showing that you are a military veteran or a member of a National Guard unit;
- Parents' income tax return for previous year showing that they did not claim you on income tax (required for students less than 20 years of age);
- Rent receipt or mortgage payment records showing that you lived in Jefferson County prior to enrollment at Jefferson College;
- Judge's decree showing that you are a ward of the court; or
- Other evidence: _____

I certify that all of the above information is true, and I give the Vice President of Student Services (or his/her designee) for Jefferson College authorization to contact those persons who can support my claim of residency. I understand that this form and the required documentation must be submitted prior to the start of a semester in order for that semester's tuition charges to be reassessed.

Student Signature

Date

FOR OFFICE USE ONLY

Request Approved
Semester/Year Effective: _____
Date Tuition Reassessed: _____

Request Denied

Vice President of Student Services Signature

Date