

USC SALKEHATCHIE STATE RESIDENCY FORM

Any questions left unanswered may result in the assessment of non-resident fees.

1. Name: _____ 2. USC ID#: _____
LAST FIRST Middle
 Mailing _____ Permanent
 3. Address: _____ Telephone: (_____) _____
STREET CITY STATE ZIP

How long have you lived at the above address? _____ Years _____ Months *If less than 2 years, please list previous address and length of time.*
 _____ Length of residence: _____ Years _____ Months
STREET CITY STATE ZIP

4. Date and Place of Birth: Date: _____ Place: _____
CITY STATE

5. Were you claimed for income tax purposes by your Parent(s), Guardian(s), or Spouse or did you file jointly with your Spouse?
 Yes ___ No ___ *If no and you are over 25 years of age, skip to question 7. If yes or you are 25 or younger, you must provide the following information on your Parent(s), Guardian(s) or Spouse. NOTE: If they have been employed less than 12 months in South Carolina, a statement from their employer on company letterhead must be submitted certifying their employment dates and hours worked per week. You must complete this section if your parent(s), guardian(s) or spouse claimed you for tax purposes or you filed jointly. Everyone under the age of 25 must complete this section.*

Name	Relationship	Employer	City, State	Employment Dates From: (MO/YR) To:	Full/Part Time
<i>Example: John Doe</i>	<i>Father</i>	<i>USC Salkehatchie</i>	<i>Allendale SC</i>	<i>9/2012 – Present</i>	<i>FT</i>

6. Address of person(s) listed above: _____ Telephone: (_____) _____
STREET CITY STATE ZIP

Has their length of residence been two years or more? Yes _____ No _____ *If less than 2 years, please list previous address.*
 _____ Length of residence: _____ Years _____ Months
STREET CITY STATE ZIP

7. Are you registered to vote? Yes ___ No ___ *If yes, in what state?* _____
 Are you licensed to drive? Yes ___ No ___ *If yes, state license issued?* _____
 Is any motor vehicle registered in your name? Yes ___ No ___ *If yes, state registered?* _____

8. Provide the following information on your last **two** employment positions:
 Employer: _____ City: _____ Full time: ___ Part time: ___ Dates: _____ To _____
 Employer: _____ City: _____ Full time: ___ Part time: ___ Dates: _____ To _____
If employed in S. C. less than 12 months, a statement from your employer must be submitted on company letterhead certifying you are employed full time, dates of employment, and hours worked per week.

9. Are you a United States citizen? Yes ___ No ___ *If No, what is your Visa classification?* _____

10. Are you a Retired Military Dependent? Yes ___ No ___ Are you an Active Duty Military or an Active Duty Military Dependent? Yes ___ No ___ *If Yes, you must submit with this form a copy of your Orders or the Orders of the person you are dependent on.*

I hereby swear (or affirm) that all entries on this form are accurate. I understand that any misrepresentation by me will result in the payment of non-resident fees.

SIGNATURE DATE

FOR OFFICE USE ONLY

_____ Resident _____ Non-Resident _____ Non-Resident paying in state fees: fee class assigned: _____

Certifying Person Signature: _____ Date _____

Comments: _____

(Revised 06/17) _____