

USC UNION STATE RESIDENCY FORM

Any questions left unanswered may result in the assessment of Non-Resident fees.

1. Name: _____ 2. Social Security #: _____
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.*

STREET CITY STATE ZIP Length of residence: _____ Years _____ Months

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

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.*

STREET CITY STATE ZIP Length of residence: _____ Years _____ Months

7. Your high school information: _____
NAME CITY STATE DATES OF ATTENDANCE

8. Institution(s) of higher education attended after or during high school:

Name	City, State	Dates Of Attendance	In or Out of State Fees Paid

9. 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?* _____
 Have you ever served on a jury? Yes _____ No _____ *If yes, in what state?* _____

10. 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.

11. Are you a United States citizen? Yes _____ No _____ *If No, what is your Visa classification?* _____
 12. 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 01/2015)