

Application for South Carolina Residency Certification SREB Contract Program

EMPLOYMENT HISTORY: *(If independent, insert your employment information. If dependent, insert spouse's, guardian's or parent's employment information.) Use separate sheet if more space is needed.*

Employer	City/State	Dates employed	FT or PT employment
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I am providing verification of SC residency by submitting a copy of: *(Please submit at least 2 along with the most current SC State Tax Return)*

Dependent student: Send documentation of whomever you're dependent upon as well. Independent student: Send documentation with your information. When sending income tax return, please redact first five numbers of all social security numbers before submission.

_____ SC Driver's license (valid) _____ SC Identification Card
 _____ SC Motor vehicle registration
 _____ State income tax return (**do not send W-2 forms**) from previous two years indicating SC domicile.
 _____ Other: (specify) _____

The South Carolina Commission on Higher Education reserves the right to request additional documentation. Failure to provide the necessary documentation will invalidate your application. Students who are otherwise not residents of South Carolina may not establish legal residence in South Carolina by the mere fact of receiving mail at a South Carolina address or post office box.

Are you a United States citizen: _____ *If no, what is your VISA classification?* _____

I hereby solemnly swear and affirm that the information provided in this application is true and I understand it will be used to determine my eligibility as a legal resident of South Carolina. I certify that I have been a legal resident of South Carolina for at least two consecutive years prior to the residency application date. I further understand that the completion of this form does not guarantee certification as a Regional Contract Program participant. I understand that those decisions are to be made by the respective institution.

Signature of applicant (student):

Signature of parent/guardian/spouse (dependent student only)

NOTARY PUBLIC INFORMATION

Sworn and subscribed to before me on this _____ day of _____, 20____

Notary public's printed name

Notary public's signature _____
Title
(affix seal to this document, if you are a South Carolina notary and do not have a stamp or seal, please include your title with your signature)

My commission expires: _____