

USC SUMTER STATE RESIDENCY FORM

Any questions left unanswered may result in the assessment of nonresident 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 a year, 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
Example: John Doe	Father	USC Sumter	Sumter, SC	9/2012 – Present	FT

6. Address of person(s) listed above:

____ Telephone: (_____) _____
STREET CITY STATE ZIP

Has their length of residence been one year or more? Yes ____ No ____ *If less than 1 year, 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 [_____] Nonresident [_____] Nonresident paying in-state fees [_____] Fee Class Assigned: _____

Certifying Person Signature: _____ Date: _____

Comments: _____