



# Request for In-District Status

Student Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student #: V \_\_\_\_\_ Telephone: \_\_\_\_\_

Out-of-District Address: \_\_\_\_\_  
\_\_\_\_\_

In-District Address: \_\_\_\_\_  
\_\_\_\_\_

**Check the appropriate box below:**

- I graduated from a Jefferson County high school.  
Name of high school: \_\_\_\_\_ Graduation date: \_\_\_\_\_
- 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 you are a military veteran or 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)
- Lease, rent receipt, or mortgage payment records showing that you lived in Jefferson County prior to enrollment;
- 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	
<input type="checkbox"/> <b>Request Approved</b> Semester/Year Effective: _____ Date Tuition Reassessed: _____  _____ <b>Vice President of Student Services Signature</b>	<input type="checkbox"/> <b>Request Denied</b>    _____ <b>Date</b>