

BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA
GADSDEN COUNTY CERTIFICATE OF RESIDENCY

Full Name: _____
Sex: _____ Date of Birth: _____ Place of Birth: _____
Temporary Address: _____
Permanent Home Address: _____
Parents' Address: _____
If Married, Name and Address of Spouse: _____
Current Address: _____
College You are Presently Attending or Plan to Attend: _____
Current Residence Maintained Continuously Since 19 _____ or 20 _____ Month _____
High School Attended: _____
Most Recent Driver's License Issued By Which State: _____
Automobile(s) (If any) Registered in Which State: _____
Address Shown On Credit Cards (If any): _____
Dates of Last Full-Time Employment (Inclusive Dates): _____ to _____ State: _____
Where Employed: _____
Job Description: _____
If Spouse Employed, Where: _____
Year and State for Which Last State Income Tax Return was Filed: _____
State of Residence Claimed on Last State Income Tax Return: _____
State of Residence Claimed on Last Federal Income Tax Return: _____
This Residence Was Claimed For Whole Or Part Year : _____
Last Year Homestead Exemption Was Claimed On A Home In State of Residence: _____
In Which State Were You Last Registered To Vote: _____ Date: _____
Present College Enrollment: _____
Military Service: _____ Home of Record: _____

The above information is given to the official whose signature appears below for the purpose of assisting the said official in determining my legal residency status.

Sworn to and subscribed before me this

_____ day of _____, 20 _____.

_____ Signature _____

NOTARY PUBLIC

APPLICANT

CERTIFICATE OF RESIDENCY

The Following Certificate Must be Executed by a **Judge of the Highest Court of the County Where You Maintain Your Legal Residence.**

Based on the above information, I hereby certify that, in my opinion, _____
is and has been a legal resident of the County of **GADSDEN** and the State of **FLORIDA** for the past twelve (12) months
or more.

Signature of Official: _____

Date: _____ Title: _____