

Office of the Bursar

Establishment of Residence for Tuition Purposes

Student Name	Student ID Numb	er	Date of Birth	
College/Program Attending at Cornell	Cornell Email (NetID)			
Local Street Address0	City	State	Zip Code	
Length of Time at Address If less than three years, list prior addresses in Part V of this form. Phone				
Mailing Address (if different from local)				
If time at this address is less than three years, list prior mailing addresses in Part V of this form.				
Citizenship OUSA Other If "Other," please explain				
Type of Visa, If Any				
	If yes, complete s	ections II, V, and VI. If	no, complete sections III, IV, V, VI, and VII.	
Part II: Parent/Legal Guardian Information				
Name	Relationship to Student			
			Zip Code	
me at this address is less than three years, list prior mailing addresses in Part V of this form. itizenship Where Registered to Vote				
Employer*				
*If Military, Legal Address of Record State Where Driver's License is Issued State Where Car is Registered				
State Where Income Taxes are Paid/Filed, if Any Last Year State Tax was Paid				
· · · · · ·			Date	
Parent/Legal Guardian Signature				
Part III: Parent/Legal Guardian Statement of Student's Dependency for Tax Purposes				
The last year for which I claimed the above named student as a dependent for tax purposes was				
			Date	
Parent/Legal Guardian Signature				
Address:				
Part IV: Additional Student Information				
Name of School Where Graduated	Location		Date	
Last School Attended	Location_		Date	
Have you applied for or received a NYS TAP Award? O Yes O No				
Employer*	Dates		Hours/Week	
*If Military, Legal Address of Record				
State Where Driver's License is Issued	State V	Nhere Car is Regist	ered	
State Where Income Taxes are Paid/Filed, if Any		Last Year State Tax	was Paid	

Establishment of Residence for Tuition Purposes, continue			
Part V: Additional Information Supporting Claim of F	Residency		
Additional Information Supporting Your Claim of Residency			
Part VI: Applicant's Affirmation			
The following affirmation statement must be completed and notarize	ed before a Notary Public:		
State of New York,County of:	SS:		
domiciled in the State of New York and that all information provided to the best of my knowledge, and that any misrepresentation contain university before or after enrollment.	eing duly sworn, do hereby confirm that I am a bonafied legal resident I on this form and any attachments thereto, is accurate, complete and true ned herein will justify the denial or cancelation of admission to the ation on a timely basis may result in denial of eligibility for resident tuition.		
Applicant Signature			
Sworn to before me (Notary Public) This: Day of	20 Notarization		
Part VII: Statement of Student's Financial Indepe	endence		
As the parent/legal guardian of	hereinafter referred to as "student," I hereby attest to the financial		
First, I hereby attest to the fact that I do not claim the student as a d income tax purposes.	dependent in order to receive a personal exemption for federal or state		
Second, I also hereby attest to the fact that the student receive guardian.	s less than one half of their support from their parents or legal		
Further inquiry may include, but need not be limited to, a request for	er inquiries as to a student's financial independence in particular cases. r a copy of those portions of a parent's or legal guardian's tax return, whic iments evidencing the conveyance of assets for the benefit of the student		
	and the foregoing statement, that the matters stated therein are true, and in a timely fashion may result in the denial of eligibility for resident tuition.		
	Subscribed and sworn to before me (Notary Public) This:		
Parent/Legal Guardian Signature	 Day of 20		
Print Name	- Notary Public in and for the:		
Address	County of:		
Address	State of:		
Parent/Legal Guardian Signature	_		
Print Name	Notary Public Signature		

My commission expires on the ____ Day of _

Address

20