



2020-2021 RESIDENCY VERIFICATION

Name _____

Student ID # _____

This form is being requested because the Financial Aid Office is not able to make a determination regarding your state residency due to one of the following:

- Student has an out-of-state driver's license.
- Eligibility for state funds was not determined because student answered that they became a legal resident of WA after January 1, 2015 on their FAFSA application.
 - If student is determined WA resident, State aid can be recalculated.
- Other: _____

**Please take this form to the Admission/Registration Office for completion by the Residency Official.
Then return this form to the Financial Aid Office when complete.**

RESIDENCY OFFICIAL USE ONLY	
<input type="checkbox"/>	Student is considered a Washington State Domiciled resident based on state residency guidelines set forth by the WA State Attorney General's Office, as of: (Quarter/Year) _____
<input type="checkbox"/>	Student is a Non-Resident
<input type="checkbox"/>	Student is a Military Resident
<input type="checkbox"/>	Other: _____

Comments: _____

Residency Official Signature _____

Date _____

SVC FINANCIAL AID OFFICE USE ONLY		
50		INITIALS & DATE: