



2046 North Parkway • Jackson, TN • 38301-3797

(D)

2009-2010 VERIFICATION OF LEGAL RESIDENCE

Student's Name _____

SS# _____

Parent's Name _____

It is necessary for the JSCC Financial Aid Office to verify the information supplied on your 2009-2010 Free Application for Federal Student Aid (FAFSA) concerning your state of legal residence. Please complete this form and return it to the Financial Aid Office.

STUDENT

WHAT IS YOUR STATE OF LEGAL RESIDENCE? _____

DID YOU BECOME A LEGAL RESIDENT OF THIS STATE BEFORE JANUARY 1, 2004?

YES

NO

IF YOUR ANSWER IS "No," GIVE THE MONTH AND YEAR YOU BECAME A LEGAL RESIDENT.

_____ MONTH

_____ YEAR

PARENT

WHAT IS YOUR STATE OF LEGAL RESIDENCE? _____

DID YOU BECOME A LEGAL RESIDENT OF THIS STATE BEFORE JANUARY 1, 2004?

YES

NO

IF YOUR ANSWER IS "No," GIVE THE MONTH AND YEAR YOU BECAME A LEGAL RESIDENT.

_____ MONTH

_____ YEAR

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____