Validation of Ohio	
Form	Instructions Please read and carefully consider all of the approved prior to the first day of classes Retroactive residency determinations constructions of the second sec
L	Name (use legal name)
Ο	Social Security Number/Student ID Numl
etiti	Date of Birth Month Day Year
	Present Address
	Number and stree
	Date present address established
	Mor Telephone number ()
	Home
$\overline{\mathbf{x}}$	E-Mail address
ncy	History of residence for 24-month period
der	Number and Street C
Ā	
Ë	
$\overline{\mathbf{O}}$	
e	Please indicate year of: First term in attendance at The University of
M	Term for which residency is requested
	Anin campus Wayne can
FIRST NAME	Do you have a drivers license? Is it from Ohio? (please attach photo copy) Do you own or have use of a car? Is it currently registered in Ohio? Do you have a driver's license from any other state?

LAST NAME

Return To:

Office of the University Registrar Phone: (330) 972-8300 Fax: (330) 972-6097 The University of Akron Akron, OH 44325-6208 Email: OhioResidency@uakron.edu

he questions before answering. This petition **must** be submitted and s of the academic term you desire reclassification to be effective. cannot be made for tuition surcharge purposes.

Name (use legal name) Last First	st Middle Maiden					
Social Security Number/Student ID Number						
Date of Birth Marital	Status: Single Married					
Month Day Year	Month Year					
Present Address Number and street	City State Zip					
Date present address established	Date entered Ohio					
Month Day Yea	ear Month Day Year					
_ Telephone number () (Home) () Business Cell					
E-Mail address						
History of residence for 24-month period preceding above	re address					
Number and Street City and State	From: Month and year To: Month and year					
-	Spring Summer					
	Spring Summer					
Ll Main campus Ll Wayne campus						
Is it from Ohio? (please attach photo copy)	No Indicate your Selective Service registration number below No Not applicable					
	No In what state are you registered to vote?					
other state?	No Have you registered to vote outside Ohio within the past 12 months?					
Are you a citizen of the United States? Yes No If no, please answer the following questions If no, what type of visa do you hold? Permanent resident alien Student Other If permanent resident alien, ATTACH COPY (FRONT AND BACK) OF GREEN CARD. Date issued						

Please Print

Address City State Zip Will this person claim you on the next year's tax return? Yes No Substantiate by attaching photo copy of page showing dependent section of latest tax form. Also substantiate residency of person declaring you as an exemption by verifying he or she has lived in Ohio the past 12 months. Use this space for any comments you wish to make to support your validation of Ohio residency. Use this space for any comments you wish to make to support your validation of Ohio residency.	Please Print			
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