

<b>NAME OF STUDENT (LAST, FIRST, MIDDLE):</b>	<b>STUDENT ID:</b>	<b>DATE OF BIRTH:</b>
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<b>PLEASE CHECK THE BOX THAT APPLIES TO YOUR CLAIM OF FLORIDA RESIDENCY</b>		<b>REQUIRED PROOF</b>
<input type="checkbox"/>	<p>My tuition and fees are exempt/waived according to one of the following Florida Statutes:</p> <ul style="list-style-type: none"> <li>• 1009.25(1)(c) and (d): Custody of Department of Children and Families, in the care of a relative or adopted from the Department of Children and Families,</li> <li>• 1009.25(1)(f): Homeless,</li> <li>• 961.06(1)(b): Wrongful incarceration,</li> <li>• 112.191(3): Dependents or spouses of firefighters killed in the line of duty,</li> <li>• 112.191(3): Dependents or spouses of law enforcement, correctional, or correctional probation officers killed in the line of duty, and</li> <li>• 112.1915(3): Dependents or spouses of teacher or school administrators killed or injured in the line of duty.</li> </ul>	Documentation of fee exemption/waiver. Florida residency classification valid during exemption period.
<input type="checkbox"/>	<p>In the last 12 months I was released from a facility/institution in the state of Florida. Prior to my release, I was a Florida resident and have taken steps to reestablish my Florida residency.</p>	<ol style="list-style-type: none"> <li>1. Documentation of time spent in facility/institution (explain gaps).</li> <li>2. Documentation to support Florida residency prior to time spent in facility/institution.</li> <li>3. One form of documentation to show the student has reestablished Florida residency since his/her release.</li> </ol>

**PERSON CLAIMING FLORIDA RESIDENCY**

Relationship to Student     Self     Parent     Spouse (Marriage certificate required)  
 Legal Guardian (Court documentation required)  
 Other (Documentation required) \_\_\_\_\_

Term                             Fall     Spring     Summer    Year \_\_\_\_\_

Claimant's Name \_\_\_\_\_ Claimant's Birth Year \_\_\_\_\_  
Last                            First                            Middle

I do hereby swear or affirm that the above name applicant meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties pursuant to Florida Statutes 836.06

**Claimant's Legal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_