FSCJ Florida State College at Jacksonville

# RESIDENCY SUPPLEMENTAL FORM

Print and sign. Submit as a Help Desk ticket at **help.fscj.edu**.

| NAME OF STUDENT (LAST, FIRST, MIDDLE): | STUDENT ID: | DATE OF BIRTH: |
|---|---|---|
| | | |

| | PLEASE CHECK THE BOX THAT APPLIES TO YOUR CLAIM OF FLORIDA RESIDENCY | REQUIRED PROOF |
|---|---|---|
| ☐ | My tuition and fees are exempt/waived according to one of the following Florida Statutes:<br>• 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 Familes,<br>• 1009.25(1)(f): Homeless,<br>• 961.06(1)(b): Wrongful incarceration,<br>• 112.191(3): Dependents or spouses of firefighters killed in the line of duty,<br>• 112.191(3): Dependents or spouses of law enforcement, correctional, or correctional probation officers killed in the line of duty, and<br>• 112.1915(3): Dependants or spouses of teacher or school administrators killed or injured in the line of duty. | Documentation of fee exemption/waiver. Florida residency classification valid during exemption period. |
| ☐ | 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. | 1. Documentation of time spent in facility/ institution (explain gaps).<br>2. Documentation to support Florida residency prior to time spent in facility/ institution.<br>3. One form of documentation to show the student has reestablished Florida residency since his/her release. |

## 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 persuant to Florida Statutes 836.06

**Claimant's Legal Signature** _____ **Date** _____

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