

RESIDENCY FORM

If you claimed a county of residence **other than Warren or Washington**, you must obtain a **Certificate of Residence** from your county treasurer's office and submit it to the SUNY Adirondack Business Office.

	and submit i	PROOF OF LEGAL RESIDENCE APPLICATION Summer or temporary residence while a student does not meet permanent residency requirements.				
	Summer					
STUDENT NAM (PLEASE PRINT		FIRST	MIDDLE INI	TIAL	BANNER	ID NO.
	RMATION: I, the once the past 12 mor		an to enroll at SUN	/ Adiron	dack and s	wear that
CURRENT PERMANENT ADDRESS			TOWN OF GITT	Q.		
	STREET ADDRES		TOWN OR CITY	ST	ATE	ZIP
I	have resided at the	e address above	from:/ MONTH/DA	/ TE/YEAI	_ to prese R	nt
PREVIOUS PERMANENT ADDRESS			,	,		
ADDRESS	STREET ADDRE	SS TO	OWN OR CITY	STAT	`E	ZIP
l re	esided at the addre	· · · · · · · · · · · · · · · · · · ·	/ / MONTH/DATE/YE	to _	/ MONTH/D	/ ATE/YEAR
	e appropriate box b lication to student			residenc	e claimed a	above, then
	WARREN	N COUNTY	WASHINGTON (COUNTY		
Certificates mus	st be dated no earli	er than 60 days	before and no late	r than 30	— days after	the start
STUDENT'S SIG	SNATURE					

DATE