

SEMESTER/YEAR _____

STUDENT ID # _____



MARICOPA COMMUNITY COLLEGES

ARIZONA OUT-OF-COUNTY RESIDENCE AFFIDAVIT

Instructions to Applicant – The Maricopa District and other established districts in the state may admit students from any part of this state that is not a part of an established community college district on the same conditions as residents. Maricopa’s enrollment process requires that students seeking the in-county resident rate to complete this affidavit and submit it to the college cashier’s office upon payment of tuition. Your signature below certifies that the information provided on this form is accurate.

Applicant’s Name _____ Last 4 Digits of Social Security # _____
(LAST) (FIRST) (MIDDLE)

Legal Address _____, Arizona, Zip _____
(STREET) (CITY) (ZIP)

Mailing Address (If Different) _____, Arizona, Zip _____
(ZIP)

Place of Birth _____ Date of Birth _____
(MONTH) (YEAR) (AGE)

County of Residence _____ How Long? _____

Name of last high school attended _____ Location _____

Are you registered to vote? _____ If yes, where? _____

Are you presently employed? _____ If yes, where? _____

Home Telephone# _____ Message Phone # _____

SIGNATURE OF APPLICANT _____ DATE _____

TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

Parent or Guardian _____ Relationship _____

Address _____, Arizona, Zip _____
(Zip)

I am a legal resident of _____ County. Residence established _____
(YEAR)

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____