

2008-2009 Residency Verification
(Please Print)

(Last Name)	(First Name)	(M.I.)	Social Security #
1. Enter the month and year you began living in Minnesota.			<u> </u> <u> </u> Month Year
2. Will you have resided in MN for twelve consecutive months before becoming at least a half-time student in college?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. By July 1, 2008, will you have graduated from a MN high school while residing in MN?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you receive a G.E.D. in MN after residing in MN for 12 consecutive months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you or will you be receiving or applying for tuition reciprocity from a neighboring state?			<input type="checkbox"/> Yes <input type="checkbox"/> No

This information is available in alternate form. Contact the Disabled Student Services Office

Return this form to the Office of Financial Aid.