

CO NATIONAL GUARD RESIDENCY REQUIREMENT WAIVER

This form is to be completed by a member of the CO National Guard and their immediate family members claiming exemption to in-state residency requirements. This form must be submitted prior to the published census date of the semester. Failure to submit this form by the required deadline will result in non-resident tuition classification for the semester without right to appeal.

Name (print): _____

S#: _____ Phone #: _____

Email: _____@student.cccs.edu

Your official CCD email account is the only email CCD will accept for correspondence.

Please indicate the semester and year for which you are requesting exemption:

Fall 20_____ Spring 20_____ Summer 20_____

Social Security Number (optional): _____-_____-_____

Student Status:

CO National Guard Member Dependent of CO National Guard Member

Please provide a copy of both sides of military or dependent ID card

If you are a dependent:

Name of CO National Guard Member (Sponsor): _____

Armed Forces Member Social Security Number: _____-_____-_____

Education Services Officer Certification

I certify that _____ is a service member of the CO National Guard Armed Forces with permanent duty station at _____.

I certify that _____ is a legal dependent of this member. Further, I attest that the information certified above will remain in effect as of the first day of classes for the requested semester.

Certifying Official (Print): _____

Signature: _____

Date: _____

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Verification of Sole Residence – Complete the following questions for the CO National Guard member and attach documents for verification.

1. Dates of physical presence in CO: MM/DD/YYYY _____ to _____
2. Years of CO income tax filed: YYYY _____ to _____
3. Date CO Identification/Driver's license was issued: MM/DD/YYYY _____
4. Date of CO Vehicle Registration: MM/YYYY ____/____
5. Date of CO Voter Registration: MM/YYYY ____/____
6. List all CO employment dates. MM/DD/YYYY _____ to _____

Student Certification - Please initial that you understand and agree to the following:

_____ I understand that this certification remains in effect for one year and if the requirements for in-state classification are not satisfied, I must complete a new CO National Guard Tuition Classification. It is my responsibility to turn in the completed certification to CCD prior to the published census deadline and failure to do so will result in assessment of non-resident tuition without right to appeal.

_____ I understand that my sponsor and I must maintain sole residence in Colorado to qualify for the College Opportunity Fund. Legal documentation must be supplied to verify Colorado residence such as CO identification/driver's license, vehicle registration, voter registration, filing CO state income tax, or a copy of housing/rental agreement.

_____ I understand that eligibility will expire the first term following CO National guard retirement/discharge or loss of dependent status and I will be responsible for non-resident tuition unless I meet the requirements for CO domicile.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student's Signature: _____ Date: _____

Internal Use Only

Received by (print): _____

Signature: _____ Date: _____

Processed by (print): _____

Signature: _____ Date: _____