REQUEST FOR NEBRASKA, IOWA, or SOUTH DAKOTA RESIDENCY STATUS

NAME	LAST	FIRST	MIDDLE INITIAL
			MIDDLE INTIAL
DATE OF BIRTH	MONTH		AR
	MONTH	DAT TE	
		Community College for tuition p	e classify me as a resident of the urposes.
		SIGNA	ATURE OF APPLICANT
	nust be dated	six months prior to	the first day of classes and must or South Dakota's physical
NE/IA/SD Voter Ro	egistration		NE/IA/SD Resident Income Tax Return
NE/IA/SD Vehicle	Registration		NE/IA/SD Housing Rental Agreement
NE/IA/SD Insurance	ce Policy		Evidence of ownership of NE/IA/SD propert
NE/IA/SD Driver's	License		Evidence that parent(s) as NE/IA/SD resident(s) claim(s) the student as a dependent
Office Use Only	I have	reviewed this student's	s application for Residency Status: (E/IA/SD) request denied
Date of Admissions Applicat	ion:		
Date Received:	By:	OFFICIAL'S	SIGNATURE DATE
Date Processed:	By:		
Effective Term:			