



NORTH COUNTRY COMMUNITY COLLEGE

SPONSORED BY FRANKLIN AND ESSEX COUNTIES

Under the Program of the State University of New York
23 Santanoni Ave, PO Box 89, Saranac Lake, NY 12983

RESIDENCY FORM

PROOF OF LEGAL RESIDENCE APPLICATION – (Must be Notarized)

Summer residency or temporary residence while a student does NOT meet permanent residency requirements

Date _____

Student: Please print name _____
Last First MI Social Security #

STUDENT AFFIRMATION: I, the undersigned, plan to enroll at North Country Community College and swear that my legal residence for the past 12 months is:

CURRENT PERMANENT ADDRESS* _____
Current Physical Address Town/City State County

REQUIRED INFORMATION: 1) _____ 2) _____	MUST SHOW MINIMUM OF 1 YEAR IN NY STATE					
	Month	Day	Year	Month	Day	Year

Please check (√) the appropriate box(es)** for the county of permanent residence claimed above and then follow the instructions below.

Essex County

Franklin County

Other

If you claimed Essex or Franklin County, please submit this application to the Business Office at the above address.

If you claimed other, please submit this application to your County Treasurer to obtain a Certificate of Residence. Contact your county treasurer's office to find out what proof you will need. Please submit the Certificate of Residence by the 1st day of classes. All certificates must be dated no earlier than 60 days prior to the start of classes. If we do not receive a certificate at this time your account will be charged Out of State tuition. **Notary Stamp Required**

Sworn before me this _____ day of _____ 20____

STUDENT'S SIGNATURE: _____ NOTARY _____
(Sign in the presence of a Notary) Notary Signature

PLEASE NOTE: You must sign this form in the presence of a certified notary public and have it notarized. The form is not considered valid without be notarized.

*If you have not lived at your current permanent address for at least one year, your previous address must be indicated on the area marked "Previous Permanent Address" indicating the dates from and to.

** If you checked more than one box, please follow the directions for each box selected _ it may be necessary to prepare more than one application.

THIS SPACE FOR USE OF THE CHIEF FISCAL OFFICER OF COUNTY

Certificate Issued: _____ Date By: _____ Signature