

Application for Change in Residency: Non-Resident or Oregon Border Waiver



CLARK COLLEGE
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FOR OFFICE USE ONLY

Date Stamp Received:

 Initials

Circle term applying for: **Summer** *Fall* *Winter* *Spring* Year: **20**

Student ctcLink ID Number:	<input type="text"/>	Student Social Security Number:	<input type="text"/>	
Last Name		First Name		Middle Initial
Mailing Address		Apt No.	City	State Zip Code
Preferred e-mail Address		Preferred Phone Number		Date of Birth
Citizenship:	U.S. Citizen	Permanent Resident	Refugee/Parolee or conditional entrant	Other _____

Social Security Numbers are used for limited purposes as authorized under state law SB5509. To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship Lifetime tax credit; to administer state/federal financial aid; to verify enrollment, degree and academic transcript records; and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

Are you financially dependent on parents or legal guardians? Yes No
Do your parents or legal guardian live in the State of Washington? Yes No
-If Yes, how long have they continuously lived in the State of Washington? ____ Years ____ Months
Washington Non-Resident Waiver: Applicants must provide at least one piece of evidence from the list below showing they have resided in the State of Washington before the beginning of the term to be eligible for this waiver.

Please fill out for Oregon Border Waiver:

Are you financially dependent on parent/legal guardian? Yes No If yes, document and taxes forms will need to be provided from Parent/guardian. See text box below for more details for dependent student.
Do your parents or legal guardian live in the State of Oregon? Yes No If yes, how long have they continuously lived in the State of Oregon? ____ Years ____ Months
Check which Oregon county you lived in, only the following counties qualify for the Oregon Border Waiver: Clackamas Clatsop Columbia Gilliam Hood River Morrow Multnomah Sherman Umatilla Union Wallowa Wasco Washington
Oregon Border Application: Applicants must provide at least one piece of evidence from the list below showing they have resided in the State of Oregon for at least 90 days before the beginning of the term to be eligible for this waiver. If you are financially dependent on your parent/legal guardian, then your residency is based on their information. Please include a copy of your parent/legal guardian previous years federal income tax form showing you were claimed and a copy of your parent/legal guardian supporting documentation from the list below.

One Required Document From State You Reside In

State Driver's license	State ID Card	Rental or Leasing Agreement
Vehicle Registration	Voter's Registration Card	Closing statement of a home purchase
*I certify under penalty of perjury under the laws of the State of Washington, R.C.W. 9A.72.085 that the foregoing and all supporting documentation are true and correct.		OFFICE USE ONLY: Not Eligible: Out of state Eligible: Non-Resident Waiver Oregon Border Waiver Non-Resident Refugee Waiver Initials _____ Date _____ Comments:

➔ STUDENT SIGNATURE: _____ Date: _____