



## Request for Residency Verification

Utah State University  
Admissions Office  
TSC Room 102  
435.797.1079  
residency@usu.edu

This Residency Verification will be sent via letter or email to the school requested. By requesting this verification you acknowledge that you allow Utah State University to disclose information regarding your educational and tuition history to the requested party.

### Student Information

Name: \_\_\_\_\_ A#: \_\_\_\_\_

Birthday: \_\_\_\_\_ (mm/dd/yyyy) Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Semester Residency established at Utah State University: \_\_\_\_\_

Have you attended Utah State University as a resident? (circle one) Yes No

What was the last semester you attended at Utah State University? \_\_\_\_\_

Have you ever attended any school under the WUE, WICHE, Good Neighbor, or Alumni Legacy programs?  
(circle one) Yes No

If yes, please list the school, dates of attendance, and under what program you attended:

\_\_\_\_\_

### School Information

School where Verification will be sent: \_\_\_\_\_

Address or Email to send Verification: \_\_\_\_\_  
\_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

#### **For Office Use Only:**

Date Request Received: \_\_\_\_\_ Residency Established: \_\_\_\_\_

Under What Rule: \_\_\_\_\_ Notes: \_\_\_\_\_

Sent By: \_\_\_\_\_ Date Sent: \_\_\_\_\_