

Blinn College

Residency Reclassification Form

Student Information

Full Name: _____
 Last *First* *Middle*

Blinn ID: **B00** _____

Email: _____

Phone: _____

For Administrative Use Only:

Please allow 3-5 business days for processing of documents. The result of your residency determination notification will sent to your Blinn College email upon completion of review.

Term

20 _____

Current Residency Status

In-District Out-of-State Non-Resident
 Out-of-District Foreign Other _____

Military Service

Dependent Veteran

Changed Residency Status

In-District Out-of-State Non-Resident
 Out-of-District Foreign Other _____

Provide documents as Applicable:

- | | |
|--|---|
| <input type="checkbox"/> Form 1040 Tax Return (1 st page only) for Independent Student | <input type="checkbox"/> I-797C or I-797A |
| <input type="checkbox"/> Parent's Form 1040 Tax Return (1 st page only) for Dependent Student | <input type="checkbox"/> VISA _____ |
| <input type="checkbox"/> Permanent Driver's License | <input type="checkbox"/> Employment Authorization Card |
| <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Senate Bill 1528 Affidavit |
| <input type="checkbox"/> Property Tax Addendum or Rental Agreement | <input type="checkbox"/> Military ID |
| <input type="checkbox"/> Passport | <input type="checkbox"/> DD214 |
| | <input type="checkbox"/> Leave and Earning Statement (military paystub) |

Action Taken:

Residency Official Signature:	Date:
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