

SEMESTER/YEAR \_\_\_\_\_

STUDENT ID # \_\_\_\_\_



**ARIZONA OUT-OF-COUNTY RESIDENCE AFFIDAVIT**

**Instructions to Applicant** – The Maricopa District and other established districts in the state may admit students from any part of this state that is not a part of an established community college district on the same conditions as residents. Maricopa’s enrollment process requires that students seeking the in-county resident rate to complete this affidavit and submit it to the college cashier’s office upon payment of tuition. Your signature below certifies that the information provided on this form is accurate.

Applicant’s Name \_\_\_\_\_ Last 4 Digits of Social Security # \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Legal Address \_\_\_\_\_, Arizona, Zip \_\_\_\_\_  
(STREET) (CITY) (ZIP)

Mailing Address (If Different) \_\_\_\_\_, Arizona, Zip \_\_\_\_\_  
(ZIP)

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MONTH) (YEAR) (AGE)

County of Residence \_\_\_\_\_ How Long? \_\_\_\_\_

Name of last high school attended \_\_\_\_\_ Location \_\_\_\_\_

Are you registered to vote? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Message Phone # \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE**

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_, Arizona, Zip \_\_\_\_\_  
(Zip)

I am a legal resident of \_\_\_\_\_ County. Residence established \_\_\_\_\_  
(YEAR)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_