The following affidavit is provided for the person claiming Florida Residency to make a statement of facts which may be used in determining eligibility for classification as a Florida resident for tuition purposes.

Please Print		FLORIDA	RESIDENT AFFIDAVIT		
Name of the student		MIDDLE	LAST	Social Security No.	
Name of claimant to student:			MIDDLE	LAST	
Relationship of claimant to student					
Permanent legal address of claimant: _	NUMBER	STREET	CITY	STATE	ZIP
Date claimant began current residence		IONTH	DAY	YEAF	₹
Claimant's Florida Drivers License No.:				Date Issued:	
Claimant's Vehicle Registration:			County:	Date:	
Claimant's Florida Voter Registration: C	ounty:		Date:		
Non-U.S. Citizen Only: Permanent Res	ident Alien Num	ber and Date card issue	ed:		
Vietnamese or Cuban Parol	e Card and date	e issued:			
I certify that I have established Florida	domicile and res	idency as indicated abo	ve and that it is my intention to make Flo	orida my permanent home.	
Signature of person claiming Fl	orida residency	(in ink)			
Date					
	s a Florida res			ication for admission is submitted ar n order to have my classification cha	
Signature in ink			 Date		

FAM 5100

EFF: 05/83 - Rev: 05/2009