

Office of Registration & Records 149 SE College Place • Lake City, FL 32025 386-754-4280 (phone) • 386-754-4581 (fax) records@fgc.edu

<u>Residency Request for Georgia Differential Out-of-State Fee</u> Complete the form below and return form and supporting documentation to Registration & Records.

Stude	ent Name:	Student ID:							
	ification is based upon documented evidence of legal resid hundred ten (210) mile radius of Florida Gateway College (
quali	a U.S. citizen or permanent resident alien granted indefinitify for the Georgia differential out-of-state tuition and fees w that applies):								
[]	I am an independent person (over the age of 24 or who provides 50 percent or more of their own Support as defined by the Internal Revenue Service) who has established and maintained legal ties a Differential Georgia County for at least the 12 consecutive months prior to the first day of classe (Students under the age of 24 claiming independence will be requested to provide proof of independent status, such as tax returns.)								
[]	I am a dependent person (a person under the age of 24, whether or not living with their parent, who eligible to be claimed by a parent under the federal income tax code) whose parent or legal guardian established and maintained legal ties within a Differential Georgia County for at least the 12 consecuments prior to the first day of classes.								
[]	I am a member of the armed services of the United States and I am stationed within the state of Georgia on active military duty pursuant to military orders OR whose state of legal residence is within a Differential Georgia County. Or I am the member's spouse or dependent child. (Required: Copy of military orders or DD-2058 showing city and state of legal residence; for spouse: provide marriage certificate; for dependent child, provide current IRS tax return for military parent or birth certificate.)								
	following information should be completed by the Claiman pendent, this is the student's information. If dependent, the								
Claim	nant Name:	Relationship to Student:							
Claim	nant's Address:								
the fi on th be pr	es of at least two (2) items listed below must be provided irst day of classes for the term. No single piece of evidence he back of this form; however, one item must be from the crovided to meet the 12-month requirement if documents with the commentation, other than what is specifically listed, may be respectively.	e shall be conclusive. Additional options are listed options below. A copy of the prior document must were renewed in the past 12 months. Additional							
Claim	nant's current Georgia driver's license information: State: Number:	Issue Date:							
	nant's current Georgia voter registration information: State: County: Number:	Issue Date:							
Claim	nant's current Georgia vehicle registration information: State: Tag Number:	Issue Date:							
Cian	ature of Claimants	Datos							

Proof of permanent home in Georgia occupied as primary residency for 12 consecutive months prior to the first day of class. (Required documentation: document such as a deed or other evidence of title to property used as primary residence, multiple leases reflecting a Georgia address, or a lease of multiple years duration.) Proof of permanent full-time employment in Georgia for at least 30 hours per week for 12 consecutive months period prior to the first day of class. (Required documentation: each pay stub for the past 12 consecutive months or verification letter from employer. Please contact FGC staff for the employment letter format.) Georgia professional or occupational license in effect for 12 consecutive months prior to the first day of class. Copy of utility bills (e.g. gas, electric, water) and proof of 12 consecutive months payments prior to the first day of class. Copy of lease agreement and proof of 12 consecutive months of payments prior to the first day of class. Please return completed declaration and For Internal Office Use Only copies of supporting documents to: ☐ Residency Met: _____ Yes Florida Gateway College ☐ Term of Residency: Attention: Registration & Records □ Initial Classification or □ Reclassification 149 SE College Place Lake City, FL 32025 ☐ Updated on SAAADMS ☐ Updated on Checklist **Declaration and supporting documents** ☐ If AD, updated on SGASTDN or SFAREGS may also be returned to: If form is received after the first day of class for 386-754-4581 (fax) or the term of residency, attach the yellow checklist records@fgc.edu sheet to this form.

Additional Options for Georgia Differential Fees

Internal Office Use Only: Circle Applicable Georgia County of Residency Below

internal office ose only. Circle Applicable deorgia country of Residency Below										
Appling	Bryan	Coffee	Effingham	Johnson	Miller	Screven	Toombs	Wilcox		
Atkinson	Bullock	Colquitt	Emanuel	Jones	Mitchell	Seminole	Treutlen	Wilkinson		
Bacon	Burke	Cook	Evans	Lanier	Monroe	Stewart	Turner	Worth		
Baker	Calhoun	Crawford	Glynn	Laurens	Montgomery	Sumter	Twiggs			
Baldwin	Camden	Crisp	Grady	Lee	Muscogee	Talbot	Twiggs			
Ben Hill	Candler	Decatur	Harris	Liberty	Peach	Tattnall	Upson			
Berrien	Charlton	Dodge	Houston	Long	Pierce	Taylor	Ware			
Bibb	Chatahoochee	Dooly	Irwin	Lowndes	Pulaski	Telfair	Washington			
Bleckley	Chatham	Dougherty	Jeff Davis	Macon	Quitman	Terrell	Wayne			
Brantley	Clay	Early	Jefferson	Marion	Randolph	Thomas	Webster			
Brooks	Clinch	Echols	Jenkins	McIntosh	Schley	Tift	Wheeler			