

**APPLICATION FOR
WAYNE COUNTY
CERTIFICATE OF RESIDENCE
ISSUED BY WALWORTH TOWN CLERK
COUNTY OF WAYNE
PURSUANT TO SECTIONS 6301 & 6305
OF THE
EDUCATION LAW**

STUDENT: PLEASE PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____

I PLAN TO ENROLL IN: _____ COMMUNITY COLLEGE

AND I DO HEREBY STATE THAT MY LEGAL PERMANENT ADDRESS IS AS FOLLOWS:

(STREET OR ROAD) (TOWN)

(STATE & ZIP CODE)

COUNTY OF: WAYNE

I FURTHER STATE THAT I HAVE LIVED AT THE ABOVE ADDRESS FOR: _____
(LENGTH OF TIME)

IF LESS THAN ONE YEAR AT THE ABOVE ADDRESS, PLEASE LIST PREVIOUS ADDRESS AND LENGTH
OF TIME AT SUCH ADDRESS:

(APPLICANT'S SIGNATURE) (DATE)

SIGNATURE CHECKED: ()

CERTIFICATE ISSUED FOR 6 MONTHS DATE: _____

ISSUED BY: _____