Salt Lake Community College

Request for Residency Verification

Student ID: _____ Name: _____ Date of Birth: _____ Phone:_____

Mailing Address: _____ City: _____ State: _____ Zip: _____

What was the last semester you attended at Salt Lake Community College?_____

School where verification be sent to:_____ Email to send verification:_____

The residency verification will be sent via email to the school requested. By requesting this verification you acknowledge that you allow Salt Lake Community College to disclose information regarding your educational and tuition history to the requested party (R512:4.8). Please allow 3-5 business days for preparation time.

Student Signature: _____ **Date**: _____

FOR OFFICE USE ONLY

Residency approved:_____ Processed by: _____Date Sent: _____