



**PART 0** General Student Information

Student Name: \_\_\_\_\_  
 Local Address: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Length of Time at Address: \_\_\_\_\_ (If less than three years, list prior addresses in the Part IV of this form)  
 ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 College: \_\_\_\_\_  
 Citizenship: USA | Other: \_\_\_\_\_ (Country)  
 Type of Visa: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 (If different from "Local") \_\_\_\_\_ (If you have resided at this address less than three years, list prior addresses in Part IV)  
 Does anyone claim you as a dependent for tax purposes: Yes | No  
 (If yes, have Sections I, IV and V completed. If no, have Section II, III, IV, V and VI completed)

**PART I** Parent/Legal Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ (If less than three years, list prior addresses in Section IV)  
 Citizenship: \_\_\_\_\_ Registered to vote at: \_\_\_\_\_  
 Employed at: \_\_\_\_\_  
 (If military, legal address of record) \_\_\_\_\_  
 Driver's License issued by: \_\_\_\_\_ (State) Car registered in: \_\_\_\_\_ (State)  
 State Income Tax paid to: \_\_\_\_\_ (State) \_\_\_\_\_ (Most recent year for which tax was paid)  
 Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II** Parent/Legal Guardian's Statement of Student's Dependency for Tax Purposes

The last year for which I claimed: \_\_\_\_\_ (Student's Name) as a dependent  
 For tax purposes was: \_\_\_\_\_  
 Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_

**PART III** Additional Student Information

Graduated From: \_\_\_\_\_ (Name) \_\_\_\_\_ (Location) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)  
 Last School Attended: \_\_\_\_\_ (Name) \_\_\_\_\_ (Location) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)  
 Have you applied for or received a NYS TAP Award? Yes | No  
 Employed at: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_ Hrs/Wk: \_\_\_\_\_  
 If Military, legal address of record: \_\_\_\_\_  
 Driver's License issued by: \_\_\_\_\_ (State) Car registered in: \_\_\_\_\_ (State)  
 State Income Tax paid to: \_\_\_\_\_ (State) \_\_\_\_\_ (Most recent year for which tax was paid)



**PART IV** Additional Information Supporting Claim of Residency

Four empty horizontal lines for providing additional information.

**PART V** Applicant's Affirmation

The following affirmation statement must be completed and notarized before a Notary Public:

State of New York County of: \_\_\_\_\_ SS: \_\_\_\_\_

I, \_\_\_\_\_, the applicant herein, being duly sworn, do hereby affirm that I am a bonafied legal resident domiciled in the State of New York and that all information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge, and that any misrepresentation contained herein will justify the denial or cancellation of admission to the University before or after enrollment.

I understand that a failure to provide accurate and complete information on a timely basis may result in denial of eligibility for resident tuition.

Signature of Applicant: \_\_\_\_\_

Sworn to before me (Notary Public) This: \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

**PART VI** Statement of Student's Financial Independence

As the parent/legal guardian of \_\_\_\_\_ (Student's Name) hereinafter referred to as "student", I hereby attest to the financial independence of the student.

**FIRST**, I hereby attest to the fact that I do not claim the student as a dependent in order to receive a personal exemption for federal or state income tax purposes.

**SECOND**, I also hereby attest to the fact that the student receives less than one half of his/her support from his/her parents or legal guardian.

I understand that Cornell University reserves the right to make further inquiries as to a student's financial independence in particular cases. Further inquiry may include, but need not be limited to, a request for a copy of those portions of a parent's or legal guardian's tax return which specifies the number of dependents claimed or information or documents evidencing the conveyance of assets for the benefit of the student as well as any other information deemed relevant.

I hereby certify and acknowledge that I have read and fully understand the foregoing statements, that the matters stated therein are true, and that my failure to respond fully and accurately to any such inquiries in a timely fashion may result in the denial of eligibility for resident tuition.

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

Subscribed and sworn to before me this  
\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

**Notary Public in and for the:**  
County of: \_\_\_\_\_  
State of: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public's Signature)

My commission expires on the \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_\_.