650 College Drive Dalton, GA 30720 706.272.4436/800.829.4436 www.daltonstate.edu

Dalton State College Certification of Tennessee Residency



Full Name	DSC ID #
Gender/ Date of Birth/	Place of Birth
Current Address	
	: Month Year
Phone Number(s)	
Automobile(s) (if any) Registered in Which State_	
Employer/Address	
Year and State for Which Last State Income Tax Re	eturn was Filed
State of Residence Claimed on Last State and Federa	al Income Tax Return(s)
This State of Residence Claimed for (circle one):	Whole Year Part Year
Last Year Homestead Exemption was Claimed on a	Home in State of Residence
In Which State Were You Last Registered to Vote _	Date
Military Service (Branch/Dates)	Home of Record
I hereby certify that the above information is true and residency in conjunction with an application for adm	d correct and is provided for the purpose of verifying legal ission to Dalton State College.
Sworn to and subscribed before me this	Applicant Signature
day of, 201	NOTE: A copy of your current driver's license must accompany this form. Additional documents may be required.
Notary Public	, 1