

# USC UNION STATE RESIDENCY FORM

*Any questions left unanswered may result in the assessment of Non-Resident fees.*

1. Name: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing \_\_\_\_\_ Permanent \_\_\_\_\_  
 3. Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
STREET CITY STATE ZIP

How long have you lived at the above address? \_\_\_\_\_ Years \_\_\_\_\_ Months *If less than 2 years, please list previous address and length of time.*  
 \_\_\_\_\_ Length of residence: \_\_\_\_\_ Years \_\_\_\_\_ Months  
STREET CITY STATE ZIP

4. Date and Place of Birth: Date: \_\_\_\_\_ Place: \_\_\_\_\_  
CITY STATE

5. Were you claimed for income tax purposes by your Parent(s), Guardian(s), or Spouse or did you file jointly with your Spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ **If no and you are over 25 years of age, skip to question 7. If yes or you are 25 or younger, you must provide the following information on your Parent(s), Guardian(s) or Spouse. NOTE:** If they have been employed less than 12 months in South Carolina, a statement from their employer on company letterhead must be submitted certifying their employment dates and hours worked per week. You must complete this section if your parent(s), guardian(s) or spouse claimed you for tax purposes or you filed jointly. Everyone under the age of 25 must complete this section.

Name	Relationship	Employer	City, State	Employment Dates From: (MO/YR) To:	Full/Part Time

6. Address of person(s) listed above: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
STREET CITY STATE ZIP

Has their length of residence been two years or more? Yes \_\_\_\_\_ No \_\_\_\_\_ *If less than 2 years, please list previous address.*  
 \_\_\_\_\_ Length of residence: \_\_\_\_\_ Years \_\_\_\_\_ Months  
STREET CITY STATE ZIP

7. Your high school information: \_\_\_\_\_  
NAME CITY STATE DATES OF ATTENDANCE

8. Institution(s) of higher education attended after or during high school:

Name	City, State	Dates Of Attendance	In or Out of State Fees Paid

9. Are you registered to vote? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, in what state?* \_\_\_\_\_  
 Are you licensed to drive? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, state license issued?* \_\_\_\_\_  
 Is any motor vehicle registered in your name? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, state registered?* \_\_\_\_\_  
 Have you ever served on a jury? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, in what state?* \_\_\_\_\_

10. Provide the following information on your last **two** employment positions:  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
*If employed in S. C. less than 12 months, a statement from your employer must be submitted on company letterhead certifying you are employed full time, dates of employment, and hours worked per week.*

11. Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ *If No, what is your Visa classification?* \_\_\_\_\_  
 12. Are you a Retired Military Dependent? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you an Active Duty Military or an Active Duty Military Dependent? Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, you must submit with this form a copy of your Orders or the Orders of the person you are dependent on.*

**I hereby swear (or affirm) that all entries on this form are accurate. I understand that any misrepresentation by me will result in the payment of non-resident fees.**

\_\_\_\_\_  
SIGNATURE DATE

**FOR OFFICE USE ONLY**

_____ Resident _____ Non-Resident _____ Non-Resident paying in state fees: fee class assigned: _____ Certifying Person Signature: _____ Date _____ Comments: _____ (Revised 01/2015)
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