



SOUTH CAROLINA STATE UNIVERSITY
OFFICE OF ADMISSIONS, RECRUITMENT, AND SCHOLARSHIPS

CHANGE OF ADDRESS FORM

COMPLETE AND MAIL THIS FORM TO:

Office Of Admissions, Recruitment, and Scholarships
South Carolina State University
PO Box 7127
300 College Street
Orangeburg, SC 29117

Per the family educational rights and privacy act, this form must be completed and signed by the Applicant. No one else can fill out or sign this form for him/her.

This change of address form is for applicants & prospective students only. All enrolled students must contact the registrar at 803-536-7185.

STUDENT INFORMATION

Last Name:		First Name:		Middle In.	
------------	--	-------------	--	------------	--

Previous address:					
City:		State:		ZIP Code:	

Updated address:					
City:		State:		ZIP Code:	
Phone:		E-mail:			

Please provide an explanation for change of address. (E.g., change of permanent residency, military orders, etc.)

Signature of Applicant:		Date:	
-------------------------	--	-------	--

Note: If this address change represents a move to South Carolina from another state, the attached page must be completed.

South Carolina State University is required under South Carolina law section 59-112 to determine a residence classification for the purposes of assessing in-state tuition and fees. Substantiating documentation is required to affirm your status. Additional information may be requested.

You must complete this form or tuition and fees will be assessed at the established out-of-state rates.

SUPPLEMENTAL RESIDENCY INFORMATION

Student ID # (Ex.900123456)							
Do you claim South Carolina as your residence for tuition purposes?							
<input type="checkbox"/> Yes (Complete the remainder of the questionnaire.) <input type="checkbox"/> No (You are not required to continue form)							
SC County of Residence:							
Length of SC Residency:		Years		Months	Previous state of residency:		
If you moved to South Carolina within the past five years, what prompted your move to this state?							
<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Other							
List all address at which YOU have lived during the past 48 months. Begin with most current.							
Address:						Start Date	End Date
City:		State:		ZIP Code:			
Address:						Start Date	End Date
City:		State:		ZIP Code:			
Who claims you for income tax purposes?							
Name:				Relationship:			
Upon whom are you basing your claim for residency?							
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Guardian (Must provide legal court documentation)							
List all address at which THIS PERSON has lived during the past 48 months. Begin with most current.							
Address:						Start Date:	End Date:
City:		State:		ZIP Code:			
Address:						Start Date:	End Date:
City:		State:		ZIP Code:			
List the employer of the person upon whom you are basing residency:							
Employer Name:				Telephone:			
Address:				City:		State:	Zip:
Signature of applicant:						Date	