

Name	Sc	outhArk Student ID
Contact Phone Number	Da	ate of Birth
South Arkansas Co	************************* ollege determines a studer at time of admissions to t	•
To demonstrate residency, a student must display:	ust present documents to	the Registrar's Office. All documents
Student NameStudent's Physical Address (no	et P. O. Box) with date res	sidence was established
Must provide at least one (1) of the fol	lowing documents to supj	port Proof Of Residency:
 Personal Property Tax Assessm Bona Fide rental property lease Real estate contract with current Utility Bill with service initiation Vehicle Registration P O Box Rental receipt only with destruction Letter from county clerk with destruction 	e agreement int legal residence listed on date and physical addre ith verified physical addre late registered to vote and	ess ess and date of rental
NOTE: Student may be asked to present as PREVIOUS ADDRESS:	dditional documentation	
Street Address:		
City:	State:	Zip Code:
NEW LEGAL RESIDENCY ADDR	FSS.	
Street Address:	200.	
City:	State:	Zip Code:
 Please remember to submit sup 	porting documentation	
	mination Date falls within) months following date residency was n a major term (fall/spring), any change erm.
By signing, I hereby affirm that all info	ormation provided is com	plete and accurate.
Signature of Student:		Date:

Rev: 3/14/2024