

RESIDENCY DECLARATION *If you do not complete this page, you will be admitted as a nonresident for tuition purposes.*

U.S. SOCIAL SECURITY NO. OR UH STUDENT ID NO. _____

FULL LEGAL NAME — LAST, FIRST, MIDDLE NAME _____

A I claim legal residency in _____ from _____ to _____ on the basis of:
SPECIFY WHICH STATE OR COUNTRY MO/DAY/YR MO/DAY/YR

- Check one box only** Myself (I am not claimed as a dependent) Legal guardian (Submit copy of court order appointment) Myself and parent (I am claimed as a dependent for tax purposes)

B Indicate if any of the following statutory exemptions apply to you (**documentation required**):

- I am a full-time faculty or staff member of the University of Hawai'i, or a spouse or legal dependent of such a person. (Attach employment contract-PNF)
- I am a member or authorized dependent of a member of the U.S. armed forces, on active duty, stationed in Hawai'i. (See Section F below)
- I am an individual eligible to use transferred Post 9/11 GI Bill or Montgomery GI Bill Active Duty Education Benefits and I am enrolling within three years of the Veteran's discharge. (Contact Student Services for the Transferred Benefit Exemption form.)
- I am Hawaiian and **not** a Hawai'i resident. (Attach an official copy of your birth certificate and if necessary, that of your parents/grandparents documenting Hawaiian ancestry)
- I am a member of the Hawai'i National Guard or Hawai'i-based Reserves. (See Section F below)
- I am eligible to use Post 9/11 GI Bill Education Benefits under the John D. Fry Scholarship and I am enrolling within three years of the service member's death in the line of duty. (Contact Student Services for the John D. Fry Veteran Scholarship Exemption form.)
- I am a citizen of _____ which has no public institution of higher education granting baccalaureate degrees. (Attach a copy of your passport verifying citizenship.)
- I am a veteran discharged within three years of enrollment and eligible for GI Bill Education Benefits. (Contact Student Services for the Veteran Exemption form.)

Complete Sections C, D, and E if you are claiming Hawai'i residency

C Check one box even if you are an adult and independent: (If you are claiming Hawai'i residency for less than two years, documentation may be required)

- I am not claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year.
- I am claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year and my parents/legal guardians are legal Hawai'i residents. (If you checked this box, the parent/legal guardian who claims you as a dependent must complete Section E)
- I am claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year and my parents/legal guardians are not legal Hawai'i residents.

D Last publicly supported institution of higher education attended, if any (including current enrollment at a University of Hawai'i campus):

_____ Attended from _____ to _____
SPECIFY NAME OF INSTITUTION STATE OR COUNTRY MO/DAY/YR MO/DAY/YR

Indicate tuition paid: Resident Nonresident Resident, due to exemption from nonresident tuition (specify type of exemption) _____

E Complete the following items on the basis of yourself OR if you have been claimed by your parent/legal guardian as a dependent for tax purposes, he/she must also date and sign below, and provide necessary documentation upon request.

	MYSELF (APPLICANT)	MY PARENT/LEGAL GUARDIAN
1. I have been living in Hawai'i continuously since:	MONTH: DAY: YEAR:	MONTH: DAY: YEAR:
2. I filed Personal Resident Income Tax Return in (specify state):	_____	_____
from (specify years):	_____ TO: _____	_____ TO: _____
3. I registered to vote in (specify state):	_____	_____
on:	MONTH: DAY: YEAR:	MONTH: DAY: YEAR:
4. I last voted in (specify state):	_____	_____
on:	MONTH: DAY: YEAR:	MONTH: DAY: YEAR:
5. Other evidence of residency, if any (e.g., employment):	_____	_____

6. My parent/legal guardian claims legal residency in (specify state): _____
from (specify month/day/year to month/day/year): _____ TO _____

7. My parent/legal guardian is a citizen of: U.S. Other—specify country and visa status _____
Submit copy of front and back of your Alien Registration card.

TODAY'S DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

RELATIONSHIP TO APPLICANT _____

F VERIFICATION OF UNITED STATES ARMED FORCES MEMBERS ASSIGNMENT IN HAWAII (Military Orders Must Be Attached)

To be completed by the member's Commanding Officer

1. Name, rank, and branch of service of military member on active duty (or Reserves) stationed in Hawai'i, and assigned to my unit or organization.

NAME: _____ RANK: _____ BRANCH OF SERVICE: _____

2. Estimated date of rotation from Hawai'i or separation from military service (whichever is earlier). MONTH: DAY: YEAR: _____
Provide month/day/year; do not use "indefinite."

3. Member's relationship to applicant: Self Spouse Parent Other SPECIFY: _____
Permission is hereby granted to release information to UH campus.

APPLICANT'S SIGNATURE _____

SIGNATURE OF COMMANDING OFFICER _____

PRINTED NAME _____

MILITARY MEMBER'S SIGNATURE _____

RANK AND BRANCH OF SERVICE IN HAWAII _____

PHONE NO. OF BRANCH OF SERVICE IN HAWAII _____

TODAY'S DATE _____