



**COLLEGE of
CENTRAL
FLORIDA**
—an equal opportunity college—

**DOCUMENT EVIDENCING VERIFIABLE
FAMILY TIES TO A FLORIDA RESIDENT
RESIDENCY FOR TUITION PURPOSES
(TIER 2 of F.S. 1009.21)**

I, _____ do hereby swear or affirm that I am related to the following College of Central Florida student, _____, by virtue of the following (explain exactly how you are related to the individual/student):

and that I have lived in the state of Florida for at least 12 months.

Please provide two forms of proof evidencing that you, the verifiable relative, are a resident of the State of Florida. Documents **must be State of Florida issued documents — i.e., driver license, vehicle registration, voter ID card** — and must bear an issue date of at least 12 months prior to the first day of class for the term in which the student is applying to attend.

Signature of Relative: _____ Date: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____.

Signature of Notary

Name of Notary Typed, Printed or Stamped

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____