

**Verification of Residency**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please Print) Last First M.I.

**SRC ID# : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Must provide one of the following (check one):**

In-District Drivers License (if not a licensed driver, a State Identification card)

In-District Vehicle Registration Card

In-District Voters Registration Card

Property tax forms showing taxes paid to District 534

Most current State of Illinois income tax form

Concurrent full-time enrollment (12 hours or more) at Western Illinois University

Other similar documentation providing verification of the student’s address

Type of documentation provided­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Residency**

As a student at Spoon River College, I confirm that I have a verifiable interest in establishing permanent residency in the Spoon River College district.

Because of this, I am asking for a waiver of the 30-day residency requirement as specified in the Administrative Rules of the Illinois Community College Board, Section 1501.501 (Residency-General Provisions-May, 2018).

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_