

REQUEST FOR WISCONSIN RESIDENCY APPEAL FORM

Printed Full Student Name	SID
Term Requesting Change of Residency Status <input type="checkbox"/> Fall <input type="checkbox"/> J-Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	

1. Attach a signed, written narrative about your residence during the last two years specifically stating:

- **Why you believe you are a resident of Wisconsin**
- **Why you moved to Wisconsin**
- **Your residency plans after graduation**

2. Date you entered Wisconsin to establish a permanent residence:
(Attach a document with your name, address and a date within past 12 months) _____ month/day/year
3. What is the current address where you are living and the date you moved there?
(Attach copy of lease or deed) _____ address/date
4. What state did you pay the previous year's income tax to?
(Attach front page of both State and Federal Income Tax forms) _____ state/Year
5. Where (city and state) and when did you last register to vote?
(Attach voter registration card, or letter from city/town/village clerk) _____ city and state/month and year
6. In what state is your motor vehicle registered?
(Attach copy of vehicle registration) _____ state/month and year
7. In what state is your driver's license registered?
(Attach copy of driver's license) _____ state/month and year
8. Who is your employer and in what city and state are they located?
(Attach first pay stub and most recent pay stub) _____ employer/city and state
9. In what city and state is your current bank located, when did you open an account?
(Attach most recent bank statement or letter from bank) _____ city and state/date
10. Are you, your spouse, or a parent residing in Wisconsin on military orders?
(Attach copy of military orders) _____ person in military/date ordered
11. In what city and state did you earn your high school diploma, or GED?
(Attach copy of high transcript, diploma, GED IF not already sent to UWS) _____ high school name, city, state

WE CANNOT ACCEPT THIS AFFIDAVIT UNLESS YOUR SIGNATURE BELOW IS WITNESSED BY A NOTARY PUBLIC

Signature of student

Date

Subscribed and Sworn Before Me

The _____ day of _____, 20____,

in the City of _____,

county of _____.

Notary Public Signature

My Commission Expires _____

For Office Use Only

Approved Disapproved

Dr. Diane J. Douglas, Registrar

Effective Date _____

Student Notified via:
 Email U.S. Mail Date: _____

Date Logged & Changed in PS. _____