

**WESTERN TECHNICAL COLLEGE
RESIDENCY DETERMINATION (06/09)**

NAME OF STUDENT: _____
Last First Middle Former Name

STUDENT ID NUMBER: _____ DATE OF BIRTH: ____/____/____
month day year

PRESENT ADDRESS: _____
Street

City State Zip Code (____) Telephone Number

Are you a dislocated worker? Yes ____ No ____ (If yes, do not complete the next question regarding Wisconsin.)

What is the primary reason for your move to Wisconsin? _____

Are you financially independent of your parents/guardian? ____yes ____no

If no, Parent/Guardian

Name Street City State

Current Place of Employment: _____
Employer

City State Length of Employment

I certify that all the answers I have given on this form are complete and accurate to the best of my knowledge.

Signature of Student Signature of parent if student is under 18 years of age Date

Note: You must provide documentation (verification of employment) to support statements of residency.

PLEASE RETURN THIS COMPLETED FORM TO:
Western Technical College
Lyndsey Thomas, Registrar
400 7th St N
La Crosse, WI 54602-0908

FOR OFFICE USE ONLY:	
APPROVED _____	DENIED _____
_____ Signature	_____ Date