

LAST NAME:		FIRST:	STUDENT ID #:
HOME ADDRESS:			CITY:
STATE:	ZIP:	PHONE:	
CURRENT AGE:	PUBLIC SCHOOL DISTRICT FOR HOME ADDRESS:		
I PHYSICALLY TOOK RESIDENCE AT THE ABOVE ADDRESS ON THIS DATE:			

Submission of this request does not guarantee approval. You are responsible for payment of out-of-state or out-of-district tuition until a decision has been made regarding this affidavit. Unpaid balances may result in being dropped from classes for non-payment. For more information please visit [www.mcckc.edu/tuition](http://www.mcckc.edu/tuition).

### Instructions

1. **Complete this form:** This form must be completed with all required documents. If you are under 21 years of age and are not legally emancipated please provide proof as it pertains to your legal guardian. You must also provide proof showing you are dependent of the person listed.
2. **Attach proof of residence:** Please provide documentation that verifies you have resided at your in-district or in-state residence for the past 12 consecutive months. In district school districts include: Belton, Blue Springs, Center, Fort Osage, Grain Valley, Grandview, Hickman Mills, Kansas City, Independence, Lee's Summit, Liberty, North Kansas City, Oak Grove, Park Hill, and Raytown.

Examples of acceptable documentation are listed below. This list is not exhaustive and serves only to provide examples of items that will be considered as proof.

- Valid Missouri Driver's License or Missouri State ID ~and~**
- Copies of lease, sublease, or rental agreement, purchase agreement, mortgage, or deed;  
If your name is not on an official lease or sublease you may submit a signed and notarized statement from your lessor verifying the dates you lived in the domicile, the terms of your agreement, and the public-school district of the domicile.
- Most recent personal property tax receipt;
- Missouri vehicle registration;
- Certificate of marriage to a resident of Missouri (proof of MO residence required);
- Other proof of physical residence.

3. **Submit your documentation:** Documents may be submitted in the following ways;
  - In person to any MCC Records Office
  - By Mail to: MCC Student Data Center – 3200 Broadway, Kansas City, MO 64111
  - By Fax to: MCC Student Data Center – 816-759-1149
  - By Email to: Metro.DataCenter@mcckc.edu

### Student Certification

By signing below, I certify that all information provided in support of my request for the Residency Affidavit is correct to the best of my knowledge. I understand that if it is later determined that I was granted a residency change under false statements or materials or concealment of facts, I will be immediately liable for the unpaid tuition associated with removal of the residency status.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

INTERNAL USE ONLY	
REVIEWED BY: _____	DATE: _____ <input type="checkbox"/> APPROVED, Proof Acceptable <input type="checkbox"/> DENIED, Proof Not Sufficient
COMMENTS: _____	
Residency Determined: <input type="checkbox"/> In State - In-District <input type="checkbox"/> In-State-Out -of-District <input type="checkbox"/> Out-of-State Public School District _____	
SUPERVISOR SIGNATURE: _____	DATE: _____