



Georgia Highlands College
Cherokee County, Alabama Certificate of Residency

Student's Full Name _____ Social Security # _____ - _____ - _____

Male _____ Female _____ Date of Birth _____ Place of Birth _____

Current Address _____
(Street) (City) (Zip Code)

Resident of _____ For How Long? _____

Permanent Address _____
(Street) (City) (State) (Zip Code)

Parent's Address _____
(Street) (City) (State) (Zip Code)

College/High School _____ City/State _____

Last Dates of Attendance _____

Driver's License issued by what State? _____ Vehicle Registered in what State? _____

Employer _____ City/State _____

State Claimed on Last State Income Tax Form _____ Filing Year _____

State Claimed on Last Federal Income Tax Form _____ Filing Year _____

Voter Registration in what State? _____

Military Service? _____ Dates _____ Home of Record _____

The above information is provided for the purpose of assisting the Cherokee County, Alabama Clerk of Court in determining my legal residency status.

Sworn to and Subscribed before me this _____ day of _____, 20_____

Notary Public

Student Applicant Signature

Certificate of Residency

The following Certificate must be executed by the Cherokee County, Alabama, Clerk of Court.

Based on the above information, I hereby certify that, in my opinion _____ is and has been a legal resident of Cherokee County, Alabama for the past twelve (12) months or more.

Signature of Official _____ **Date** _____
Clerk of Court