Validation of Ohio

Residency Petition Form

Return To:
Office of the University Registrar
The University of Akron
Akron, OH 44325-6208
Phone: (330) 972-8300
Email: OhioResidency@uakron.edu

Instructions
Please read and carefully consider all of the questions before answering. This petition must be submitted and approved prior to the first day of classes of the academic term you desire reclassification to be effective. Retroactive residency determinations cannot be made for tuition surcharge purposes.

Please Print

Name (use legal name)
Last
First
Middle
Maiden

Student ID Number or Last 4 digits of Social Security Number

Date of Birth
Month Day Year
Marital Status:
Single
Married

Present Address
Number and street
City
State
Zip

Date present address established
Month Day Year
Date entered Ohio
Month Day Year

Telephone number
Home
( )
Business
( )
Cell
( )

E-Mail address

History of residence for 24-month period preceding above address

Number and Street
City and State
From: Month and year
To: Month and year

Please indicate year of:
First term in attendance at The University of Akron
Fall Spring Summer

Term for which residency is requested
Fall Spring Summer

☐ Main campus ☐ Wayne campus

Do you have a drivers license?
Yes No

Is it from Ohio? (please attach photo copy)
Yes No

Do you own or have use of a car?
Yes No

Is it currently registered in Ohio?
Yes No

Do you have a driver’s license from any other state?
Yes No

If so, where? ____________________________

Indicate your Selective Service registration number below
Not applicable

In what state are you registered to vote?

Have you registered to vote outside Ohio within the past 12 months?
Yes No

Are you a citizen of the United States?
Yes No

If no, please answer the following questions

If no, what type of visa do you hold?
Permanent resident alien Student Other

If permanent resident alien, ATTACH COPY (FRONT AND BACK) OF GREEN CARD.

Permanent resident alien number A-________________________ Date issued __________________________

Instructions forfilling the form:

1. Fill in the name, student ID number, date of birth, marital status, and present address with accurate information.
2. Provide the date the present address was established and the date entered Ohio.
3. List the telephone numbers for home, business, and cell.
4. Indicate the history of residence for the past 24 months.
5. Specify the term for which residency is requested.
6. Choose whether to use the main campus or the Wayne campus.
7. Answer questions about drivers licenses, registration, and voting.
8. If not a U.S. citizen, provide the type of visa and attach the green card.

Please ensure all information is accurate and complete to ensure a successful petition process.
Please Print

List all sources of financial support received during the 12-month period preceding enrollment and your current financial sources (e.g. employment, spouse’s employment, parents, loans, savings, etc). Please attach supporting documentation.


Have you filed an Ohio personal income tax statement for the past 12 months? □ Yes □ No
Who claimed you as an exemption on the past year’s federal income tax return? □ Self □ Other
If other, Name __________________ Relationship __________________ Year ______
Address __________________ City __________________ State ______ Zip ______

Will this person claim you on the next year’s tax return? □ Yes □ No
Substantiate by attaching photo copy of page showing dependent section of latest tax form. Also substantiate residency of person declaring you as an exemption by verifying he or she has lived in Ohio the past 12 months.
Use this space for any comments you wish to make to support your validation of Ohio residency.


Cite the specific section of these regulations under which you qualify for residency and briefly explain why. Include and/or attach any official documents you feel are pertinent.


With the signing and submission of this document, I hereby verify my status as a bona fide resident of the State of Ohio as defined by the Board of Trustees of The University of Akron for the purposes of assessing tuition and fees.
I certify to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission or suspension from the University if discovered subsequently. □ Yes □ No

Date __________________ Signature __________________

For Office Use Only

[ ] Residency granted or [ ] denied Was residency granted on a conditional basis? □ Yes □ No
[ ] C1 [ ] C2 [ ] C3 [ ] C4 [ ] E1 [ ] E2 [ ] E3 [ ] E4 [ ] E5 [ ] E6 [ ] E7 [ ] E8
Received by: __________________________ Date: __________________________

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