



University of Connecticut School of Law
Office of the Dean
55 Elizabeth Street
Hartford, Connecticut 06105
860/570-5130
860/570-5128 (fax)

Application for Connecticut Residency

1. Name: _____ 2. Date: _____

3. Current year/Division: _____ 4. Date of Birth: _____

5. Phone: _____ 6. Place of birth: _____

7. Address:

8. Marital status: single married separated 9. Full name of spouse: _____

10. Spouse's address: _____ 11. Name of Health Insurance Company. _____

 (Attach a copy of your health insurance card)

12. Your spouse has been recognized as a resident of the state of _____ since _____.

13. Please list below the addresses of where you have lived for the past two years, listing the most recent first. Attach a copy of your rent receipts or lease for the past year.

No. and Street	City	State/Country	From (MM/YY)	To (MM/YY)

14. Please list below the colleges and/or universities you have attended, in the order of attendance.

College/University	Address	From (MM/YY)	To (MM/YY)

15. If you are a foreign student, what type of visa do you hold? _____

16. Please attach a copy of your voter registration.

17. Please attach a copy of your CT driver's license.

18. Please attach a copy of your CT car registration.

19. Please attach a copy of your CT car insurance.

20. Name of parents) or legal guardian(s): _____

21. Please list below the address(es) of parent(s) or legal guardian(s) for the last two years, listing the most recent first.

No. and Street	City	State/Country	From (MM/YY)	To (MM/YY)

22. If you are totally emancipated from your parent(s)/legal guardian(s), please attach a statement from your parent(s)/legal guardian(s) regarding the date and circumstances of your emancipation.

23. Were you claimed as an exemption by anyone in the prior year's tax return? Yes No

24. If your parent(s) or legal guardian(s) contributed to your support and/or school expenses in the past twelve months, please indicate the amount of the support: \$ _____

25. If you -have received *any* financial aid assistance in the past twelve months, (loans or grants from public or private sources,) please list them below.

Source	Amount

26. Please attach a copy of your state, federal, capital gains and/or property tax return or statement for the prior year.

27. Please attach a copy of a bank statement or a voided check for your primary bank account.

28. Please fill in the below employment information for the past two years.

Employer's Name	Employer's Address	Hours/ week	W2 Form?

29. Please attach a statement concerning any additional information you think may be helpful in support of your request for a change of residency.

For Office Use Only
