



Utah State University
Admissions Office
TSC Room 102
435.797.1079
residency@usu.edu

This Residency Verification will be sent via letter or email to the school requested. By requesting this verification you acknowledge that you allow Utah State University to disclose information regarding your educational and tuition history to the requested party.

Student Information

Name: _____ A#: _____

Birthday: _____ (mm/dd/yyyy)

Current Address: _____

Phone Number: _____ Email: _____

Semester Residency established at Utah State University: _____

Have you attended Utah State University as a resident? (circle one) Yes No

What was the last semester you attended at Utah State University? _____

Have you ever attended any school under the WUE, WICHE, Good Neighbor, or Alumni Legacy programs?
(circle one) Yes No

If yes, please list the school, dates of attendance, and under what program you attended:

School Information

School where Verification will be sent: _____

Address or Email to send Verification: _____

Signature of Student: _____ Date: _____

For Office Use Only:
Date Request Received: _____ Residency Established: _____
Under What Rule: _____ Notes: _____
Sent By: _____ Date Sent: _____