Paste Picture Here

VERIFICATION OF LOUISIANA RESIDENCY

Name in full Mailing address Permanent Home address		of the Louisiana State University First name City	rsity School of Dentistry, Middle name			
Mailing address Permanent Home address	Last name		Middle name			
Mailing address Permanent Home address			Middle name			
Permanent Home address		City				
Home address		City	Parish or County	State	Zip Code	
	Number & street	City	Parish or County	State	Zip Code	
Telephone			Maiden name			
	home	cell phone				
Date of Birth	// Place of Bir	h	Spouse			
		City, State				
Social Security num	iber	Email	Race_			
Vehicle registration	number	State	Date is	ssued		
Registered to Vote i	n LA? Parish	Ward	Precinct	Date re	gistered	
US citizen	if not, type of Visa	Date issued	Visa number_	(a	ttach copy –front & back)	
Were you claimed a	s a dependent on any person	's Federal or State Income T	ax Return either or both of t	he past two years?	?	
Гах year	Person claiming you as a de	pendent	Rela	ationship		
Address		City	State		_Zip	
Гах year	Person claiming you as a de	pendent	Rela	ationship		
Address		City	State		Zip	
Did you file a Louis	siana income tax return in the	e last 12 months?	List years you have filed i	n LA returns		
•		12 months, please state reaso				
ir you did not me a	Louisiana return in the past	12 monuis, piease state reaso	11(5).			
Have you filed an ir	ncome tax return in another s	tate?List years	for which you have filed retu	arns in another sta	ıte	
Do you own propert	ty in Louisiana?	If yes, list the location				
	nat the LSU School of Dentise, vehicle registration or income.	try Admissions Committee rome tax return)	nay require documents supp	orting your reside	ncy. (i.e. voter registration	
Have you ever been		r are you presently charged being details.)	by indictment or a bill of info	ormation with a cr	rime (felony) that might be	
punishable by impri	somment: (II answer is yes,	give details.)				

List all of your addresses for the past five years. (Most recent first)

Street address_	City	State	Date
List all schools attended from high scho	ool to present school. (Most recent first)		
School	City	State	Dates
List all the firms or persons by whom y	ou have been employed during the past five	years. (Most recent first)	
Employer_	City	State	Dates
_			
Explain any circumstances by which yo	ou claim to be a resident of Louisiana other th	han the above items, (attacl	h additional information, if needed)
Please rank in order of preference:			
1) The LSU Program in 2) The LSU Program in 3) Either Location	Dental Hygiene at the New Orleans Campus Dental Hygiene at the Alexandria Campus O	s ONLY. ONLY.	
Have you previously applied to this ins	titution's dental hygiene program? Yes	s No When?	
I hereby certify that the information giv State University System to verify all fac	en in this application is true, correct and con ets relevant to my claim for residence.	nplete to the best of my kno	owledge. I authorize the Louisiana
Signature of applicant		Date	

Give information concerning high school or other secondary schools attended.

Name of School	City, State	Date of Entrance	Date of Leaving	Diploma Receive	
Give information concerning colleges or uni	versities attended.				
Name of School	City, State	Date of Entrance	Date of Leaving	Diploma Receive	
Have you ever been dropped or suspended for ircumstances.)		s from any high school or co	ollege? (If yes, please	explain	
lease indicate any of the following, beginni	ng with most recent date:				
1. Employment history in a dental of	fice Yes No	Employer			
2. Any time spent volunteering or sha	adowing in a dental office Yes	s No Appro	ximate hours		
3. Any time spent on active duty in the	he Armed Forces. Yes N	No			
State law requires that <u>all males</u> register t				-	
institution of the LSU System, which inclindicating that you are in compliance with	h this law. I,				
accordance with the Military Selective Se	ervice Act. (Print your name	e)			
(Signature)		(Date)			
If you are not required to register with the	e selective service system, please ir	ndicate below the reason wh	y.		
* You must also furnish this office with a	copy of your Selective Service Re	gistration Card as proof of	your registration.		