LSU Health Sciences Center
NEW ORLEANS
Dental Lab Technology

VERIFICATION OF
LOUISIANA RESIDENCY

Date_____20_____

I hereby apply for admission to the Dental Laboratory Technology Program of the Louisiana State University School of Dentistry,

Name in full_____
            Last name   *First name*   *Middle name*

Mailing address_____
            Number & street   *City*   *Parish or County*   *State*   *Zip Code*

Permanent
Home Address_____
            Number & street   *City*   *Parish or County*   *State*   *Zip Code*

Telephone _____   _____Maiden Name_____
            home   *cell phone*

Date if Birth____/____/_____Place of Birth_____Spouse_____

                            City   *State*

Social Security number_____ E-Mail _____

Driver's license number _____State _____Date issued _____If renewal, list date originally issued _____

Vehicle registration number _____State _____Date issued_____

Registered to Vote in LA? _____ Parish_____Ward _____ Precinct _____Date registered _____

US citizen _____if not, type of Visa _____Date issued_____Visa number _____(attach copy-front & back)

Were you claimed as a dependent on any person's Federal or State Income Tax Return either or both of the past two years? _____

Tax Year _____ Person Claiming you as a Dependent _____Relationship_____

Address_____City_____State_____Zip_____

Tax Year _____ Person Claiming you as a Dependent _____Relationship_____

Address_____City_____State_____Zip_____

Did you file a Louisiana income tax return in the last 12 months? _____List years you have filed LA returns_____

If you did not file a Louisiana return in the past 12 months, please state reason(s):

_____

Have you filed an income tax return in another state? _____

List years for which you have filed returns in another state _____

Do you own property in Louisiana? _____If yes, list the location_____

_____

Please be advised that the LSU School of Dentistry Admissions Committee may require documents supporting your residency. (i.e. voter registration card, driver's license, vehicle registration or income tax return)

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

Street Address	City	State	Date

List all schools attended from high school to present school. (Most recent first)

School	City	State	Dates

List all the firms or persons by whom you have been employed during the past five years. (Most recent first)

Employer	City	State	Dates

Explain any circumstances by which you claim to be a resident of Louisiana other than the above items, (attach additional information, if needed)

_____

_____

_____

I hereby certify that the information given in this application is true, correct, and complete to the best of my knowledge. I authorize the Louisiana State University System to verify all facts relevant to my claim for residence.

Signature of applicant _____Date_____