INSTRUCTIONS FOR THE COMPLETION OF THE RESIDENCE VERIFICATION FORM

I. Please provide a response to each question on the form. If any of the items are not applicable, so indicate in the appropriate blank and explain on the back of the form.

II. When all questions have been answered and/or explanations provided, sign and date the form.

III. Return the form to: University of Wisconsin-Madison, Office of the Registrar
    Residence for Tuition Purposes
    333 East Campus Mall, Room 10101
    Madison, WI 53715-1384

    Or you may Fax the form to: (608) 265-5959

IV. If you have any questions prior to completing and submitting the form, you may contact our office at (608) 262-1355, or at residencefortuition@registrar.wisc.edu.

V. For additional information, you may also refer to our website at registrar.wisc.edu/residence
The undersigned hereby swears to the authenticity of the information above and the undersigned understands that any false or misleading information on this form may affect the student's enrollment, tuition or financial aid status at the University of Wisconsin-Madison.

Signature: ____________________________

<name>

(please print your name here)

Date: ____________________________