



Division of Enrollment Management
Office for Student Financial Affairs

12/13

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PO Box 114025
Gainesville, FL 32611-4025
352-392-1275/392-1275 TDD
352-392-2861 Fax
www.sfa.ufl.edu

Statement of Legal Residence

UFID _____ - _____ Student's Name _____

Dear Student:

We are unable to continue processing your financial aid application because your 2012-13 *Free Application for Federal Student Aid (FAFSA)* contains incomplete or conflicting information.

We need clarification of your state of legal residence. Your state of residence is where your true, fixed, and permanent home is located. If you moved to a state for the sole purpose of attending college, that state is not your legal residence.

My legal state of residence is: _____.

My responsible parent(s) legal state of residence is: _____.

Student's Signature/Date

Parent's Signature (If Dependent)/Date

FOR SFA USE ONLY

RES _____	
RR 17 _____	63

FOR SFA USE ONLY

UFID _____ 2 63
Name _____