

For Further Information Contact:

Ohio Residency Officer

Voice mail: 614-287-5533

E-mail: residency@csc.edu

PLEASE PRINT CLEARLY

I _____ ☐ Tenant ☐ Landlord ☐ Owner
(Please check one)

of this address: _____
Street Name and Number Apartment Number

City: _____ State: _____ ZIP Code: _____

do certify that _____ lives/lived with me
Student Name (Please circle one)

from ____/____/____ to ____/____/____ .

I provide support for this person in the form of:

☐ Rent (amount per month): \$ _____

☐ Room and Board

☐ All Living Expenses

☐ Educational Expenses

☐ Other (please explain): _____

☐ I Do Not Provide Financial Support

Signature must be verified by a Notary Public and have the Notary Seal

Signature: _____ **Date:** ____/____/____

The above signed has duly sworn that the information provided is true and accurate to his/her knowledge. Signed before me on this _____ day of _____, 20____

Notary Seal:

Signature of Notary: _____

Name (Please print): _____

My commission expires on: ____/____/____

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