### CHANGE OF RESIDENCY REQUEST FORM

**NOTE:** Students may also update their address and contact info in myCTState > Banner Self-Service in the Personal Information section.

<table>
<thead>
<tr>
<th>@ Student ID</th>
<th>________________</th>
<th>Last Name</th>
<th>________________</th>
<th>First Name</th>
<th>________________</th>
</tr>
</thead>
</table>

### FORMER ADDRESS:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### NEW ADDRESS: Your address may be updated as soon as you move.

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### Contact Info:

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

### REASON FOR CHANGE OF RESIDENCY REQUEST (check what applies):

- o I am an unemancipated student whose parents are domiciled in CT.
- o I am an emancipated student who resides within my parents and/or receive parent financial support (i.e., considered “dependent” for federal and state financial aid), and my parents are domiciled in CT.
- o I am a dependent (spouse/child) of an emancipated person will qualify for in-state status only if the emancipated person can prove full-time employment and residency in CT for a period of six months or more.
- o I am an emancipated/independent student stationed in CT under military orders.
- o I am an unemancipated/ dependent student with a parent stationed in CT under military orders.
- o Other __________________________

*All other students must wait at least a year before they may apply to change residency to in-state status per Sec. 10a-30(1).*

Students must submit supporting documentation to prove the required residency in CT. This may include copies/scans of signed and dated leases, mortgages, utility bills, etc. DO NOT send confidential information by email. Deliver it to Enrollment Services, use the CSCU Secure Portal: [https://cscu.easy-forward.com](https://cscu.easy-forward.com) to upload supporting documentation.

*Decisions regarding this request will be communicated through the student’s college email address. Updates to tuition and fees may only be made for current and/or future terms/semesters given documentation provided.*

### Certification:

By signing below, I affirm that I am the above-named person, and that the information provided above is true and correct.

Student Signature:_________________________ Date: ____________________

*Please complete and return to Enrollment Services.*

### For Office Use Only:

Date Received: ____________________
Date Entered: ____________________
Entered By: ____________________

original: 03222023