ODESSA COLLEGE

First Name

Records Office 201 W. University Odessa, TX 79764

Ph. 432.335.6404 Fax 432.335.6303

Last Name

records@odessa.edu



Application for Residency Reclassification

(This form will not change your name or address)

Former Name(s), if any

The Texas Higher Education Board Rules require each student to provide substantiating documentation to affirm residence for tuition purposes. Students applying for reclassification need to complete this form and sign an Oath of Residency.

Submit this completed form with proper documentation to the Records Office.

Middle Name

Student ID	Date of Birth	Primary Phone	Cell _	Work	_ Home	Alternate Phone	CellWork Home
Date Moved to Texas Current Physical Address (No PC		D Boxes)	City		State	Zip Code	Date Moved In
Prior Address			City		State	Zip Code	Date Moved In - Date Moved Out
Non-Resident (Out-o	of-State) to Resident (O	ut-of-District		•	ut-of-Dis	trict to In-Distric	ct Status can be considered. t Residency Status
Significant gainful employment (letter or paystubs) Marriage license Ownership of residential real property Original apartment lease agreement or notarized landlord lease, through present date; month-to-month continuations of lease period must be accompanied by landlord-notarized statement confirming continued residence Ownership of business A Texas drivers license or Texas ID card with an origination date at least 12 months prior to census date Residential utility bills (electricity, water or gas) Other: I understand the requirements for classification as a resident of Texas for to determine my status for residency reclassification. I agree to notify the cresult in disqualifying me for this classification. I affirm by my signature, the reclassified. I understand that any violation of this oath of residency will res			or tuition he collego, , that to t	date at least 6 months prior to census date Texas voter registration card Original apartment lease agreement or notarized landlord lease, through present date; month-to-month continuations of established lease period must be accompanied by landlord-notarized statement confirming continued residence Vehicle registration or insurance Residential utility bills (electricity, water or gas) Other: Cion purposes. The information submitted will be relied upon llege of any changes in the information provided that might to the best of my knowledge and belief I am eligible to be			
Signature				Date			
Based on the above a	nd attached information, r	esidency class	ification	is, as of t	his date:		
Out-of-state In-state (Out-of-District)				In-Dis	trict	Date:	
Reviewer: Processed by:							
Notes:							