

COUNTY OF CHENANGO

AFFIDAVIT OF RESIDENCY FOR CONCURRENT CREDIT STUDENTS

School District: _____

Address: _____

Today's Date: _____ Phone # _____ College _____
(separate affidavit for each College)

College Course Start Date: _____ Semester _____

I, _____, do hereby certify (or affirm) that the applicants listed below now are and have been for a period of at least one year residents of the State of New York, and that said applicants have been residents of the County of Chenango for a minimum period of six (6) months from the date of the application.

Sworn before me this _____ day of _____, 20____

Signed: _____

Title: _____

Notary Public State of New York

Students enrolled in the Concurrent [Dual] Credit program:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach additional page(s) if necessary.