



Residency Reclassification Affidavit

Instructions: Completed, notarized forms can be submitted to the Office of Undergraduate Admissions using one of the following methods: 1) Emailed to admissions@ualr.edu, 2) faxed to 501-916-3128, or 3) mailed to UA Little Rock Office of Admissions, 2801 S. University Ave, Little Rock, AR 72204. A copy of the lease, mortgage, or deed must be attached to this affidavit. The deadline to submit your form can be found at ualr.edu/admissions/calendar. More information about residency reclassification at UA Little Rock can be found at ualr.edu/admissions/instructions-reclass-form.

Student's Name (Printed)	Student ID (T#)	Today's Date
Family Member's Name (Printed)	Relationship to Student	
Address of Shared Residence		Student's Move-in Date

By signing below, I certify that I am currently living at the address listed above and on the attached deed and have lived at this place of residence starting date of (move-in listed above) to the present without moving out. I certify that the relationship listed with my family member is factual. I understand that if I fail to complete this form by the deadline or according to the instructions that I will not be eligible for residency reclassification for the term on my submitted request.

Student's Signature	Today's Date
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By signing below, I certify that my family member is currently living at the address listed above and on the attached deed and have lived at this place of residence starting date of (move-in listed above) to the present without moving out. I certify that the relationship listed with my family member is factual. I certify that I am listed on the attached lease, mortgage, or deed.

Family Member's Signature	Today's Date
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The student, _____, and family member, _____, listed in this letter hereby states under oath that the facts above are true and accurate to the best of his or her ability.

Notarization of Student and Family Member Signatures

State of Arkansas

County of _____

Subscribed and sworn before me, a Notary Public, on this _____ *day of* _____, 20____.

Signature of Notary Public

My commission expires: _____