

**APPLICATION FOR  
WAYNE COUNTY  
CERTIFICATE OF RESIDENCE  
ISSUED BY WALWORTH TOWN CLERK  
COUNTY OF WAYNE  
PURSUANT TO SECTIONS 6301 & 6305  
OF THE  
EDUCATION LAW**

STUDENT: PLEASE PRINT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I PLAN TO ENROLL IN: \_\_\_\_\_ COMMUNITY COLLEGE

AND I DO HEREBY STATE THAT MY LEGAL PERMANENT ADDRESS IS AS FOLLOWS:

\_\_\_\_\_  
(STREET OR ROAD) (TOWN)

\_\_\_\_\_  
(STATE & ZIP CODE)

COUNTY OF: **WAYNE**

I FURTHER STATE THAT I HAVE LIVED AT THE ABOVE ADDRESS FOR: \_\_\_\_\_  
(LENGTH OF TIME)

IF LESS THAN ONE YEAR AT THE ABOVE ADDRESS, PLEASE LIST PREVIOUS ADDRESS AND LENGTH  
OF TIME AT SUCH ADDRESS:

\_\_\_\_\_

\_\_\_\_\_  
(APPLICANT'S SIGNATURE) (DATE)

SIGNATURE CHECKED: ( )

CERTIFICATE ISSUED FOR 6 MONTHS DATE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_