

Board of Regents University System of Georgia
Certification of Border County Residency

Full Name _____ Student ID or SSN _____

Gender _____ Date of Birth _____ Place of Birth _____

Permanent Home Address _____

Current Address if
different from above _____

Current Residence Maintained Continuously Since: Month _____ Year _____

Last Previous Address _____

Colleges Presently Attending
or Plan to Attend _____

Most Recent Driver's License Issued by Which State _____

Automobile(s) (if any) Registered in Which State _____

State of Residence Claimed on Last
State Income Tax Return _____ Filed for what year? _____

This Residence Claimed for Whole or Part Year? _____

In Which State are You Registered to Vote? _____

Military Service (yes or no) _____ Home of Record _____

The above information is given to the official whose signature appears below for the purpose of assisting said official in determining my legal residency status.

Sworn to and subscribed before me this date _____.

Signature _____
Applicant Notary Public

The following must be executed by a Judge of the Highest Court of the County where you maintain your legal residence.

Based upon the above information, I hereby certify that, in my opinion,

_____ is and has been a legal resident of the

County of _____ in the State of _____
for the past twelve (12) months.

Date _____ Signature of Judge _____
Title _____

Return to: Office of the Registrar
University of West Georgia
Carrollton, GA 30118