

Affidavit/Document Evidencing Family Ties in Florida

Studei	nt Name:	Stud	dent ID: @	
		encing Family Ties:		
Relatio	onship to student	t, which must be an immediate, veet qualifications):		
	Parent Grandparent Sibling			
I, affirm	to the truthfulne	(relative name), herek ss of these facts:	by state the following	g facts and hereby
	I am an immed	diate family member of the abov	e named student.	
	for the term in	in Florida for the last 12 consecut which residency classification is s ww.fsw.edu/calendars for dates.	sought. Refer to the o	he first day of classes official college
	The above nar	med student has lived in Florida f classes for the term in which resio	or the last 12 consected	eutive months prior to is sought.
Florid reside found	a for the last 12 c ency classificatio I at <u>www.fsw.edu</u>	ocuments, one of which must be consecutive months prior to the fi on is sought. More information on a/admissions/residency).	irst day of classes for residency for tuition	the term in which purposes can be
Relative Signature:				
Student Signature:				
STATE	**************************************	***********	**********	
Swori	n to (or affirmed)	and subscribed before me this _	day of	, 20, by
		•		
Signo	ature of Notary	N	ame of Notary Type	d, Printed, or Stamped
Perso	onally Known	OR Produced Identification)	
	of Identification	Produced		