



**INSTRUCTIONS & FORM**

This form **must be completed** to register to audit courses as a senior citizen.

The following affidavit is provided for senior citizens who are **60 years of age or older** and will have been residents of Florida one full year as of the first day of classes of the initial semester in which they will enroll.

UCFID or SSN#	Name (First, Middle, Last)	
Phone	Email Address	
Address		
City	State	Zip

**Residency Proof**  
 Please fill in all the information requested below, including printing the dates for each item in the boxes provided.

Date of Birth			Month	Day	Year
Date you began establishing legal Florida Residence			Month	Day	Year
Your voter's registration	State	Number	Month	Day	Year
Your driver's license	State	Number	Month	Day	Year
Your vehicle registration	State	Tag Number	Month	Day	Year
If non-U.S. citizen (Photocopy of card, front and back is required)		Resident Alien Number	Month	Day	Year

I do hereby swear or affirm that the above named information meets all requirements for classification as a Florida resident for tuition purposes. I understand that a false statement in the affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes and that a false statement in this affidavit may subject me to penalties for making a false or fraudulent statement pursuant to BOR rule 6C-6.01(6), F.A.C.

Student Signature	Date
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