



POLK STATE  
Student Services

**RESIDENCY AFFIDAVIT OF PARENTAL ROLE**

This form is used when the student is claiming residency as a dependent and living with someone who is eligible to claim the student on US taxes. That person becomes the claimant and is the parent, a guardian, a relative the student is living with, or a person acting in a parental role to the student. The student is under 24 years old and is unable to establish residency as an independent person.

|                            |  |                |         |
|----------------------------|--|----------------|---------|
| <b>Student Information</b> |  |                |         |
| Last Name:                 |  | First:         | Middle: |
| Polk State ID:             |  | Student Phone: |         |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|
| <b>Parent/Relative/Guardian/Parental Role Information</b>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |             |
| Last Name:                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First: | Middle:     |
| Address:                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City:  | State: Zip: |
| Phone:                                                                                                                                                                                                                                                | Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        | Date:       |
| My relationship to student:<br><br><b>You must provide Tier 1/Tier 2 documentation that you have lived in Florida for 12 months or longer because you are the residency claimant for the above named student.</b>                                     | <input type="checkbox"/> <b>Parent</b> (Parent lives in Florida, custody doesn't matter, which parent claimed on taxes doesn't matter)<br><input type="checkbox"/> <b>Guardian</b> (You are able to provide documents supporting your claim as guardian.)<br><input type="checkbox"/> <b>Person acting in a parental role</b> (Any person providing day-to-day care in a parental role)<br><br><b>THIS RELATIONSHIP REQUIRES ADDITIONAL DOCUMENTATION</b><br><input type="checkbox"/> <b>Relative the student lives with</b> (Requires that you have proof the student has lived with you 3 continuous years such as HS document showing you are adult of record, tax records, health care records)<br>List documentation you can provide should you be called on to do so. _____<br><br>_____ |        |             |
| Print Name:                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |             |
| Signature:                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |             |
| <b>My signature certifies under penalty of perjury as defined in Florida Statutes (FS 817.567) that the information on this affidavit is accurate and true and that I have not intentionally falsified or provided misleading information.</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |             |
| <b>Polk State Staff:</b> Sign your name to indicate you verified this person's name with a driver's license, SSN card, voter card or other official document. (If faxed or emailed, must be accompanied by a copy of an official document with name.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |             |
| Print Name: _____                                                                                                                                                                                                                                     | Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |             |