



Career, Technical, Adult & Community Education

WORKFORCE EDUCATION

FLORIDA RESIDENCY CLASSIFICATION APPEAL FOR DETERMINATION OF IN-STATE TUITION

RELEASE OF INFORMATION

SCHOOL: _____

NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FSI #: _____ DATE OF BIRTH: _____ AGE: _____

ACADEMIC YEAR: _____

The signature(s) below authorizes the release and sharing of this student's documentation that was submitted for review to the Residency Classification Appeal Committee or Officer. This information will be used solely for the purpose of determining this student's request for in-state tuition at this Institution.

Student Signature

Date

Parent Signature (if applicable)

Date

IF 049 - WEIM 4/17/17 - ATC/daa



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