



Visalia Campus, (A&R Room 107)
 915 S. Mooney Blvd. Visalia, CA 93277
 PH: (559) 730-3727 FAX: (559) 737-4883

Tulare College Center, (Building A)
 4999 E. Bardsley Ave. Tulare, CA 93274
 PH: (559) 688-3010 FAX: (559) 687-6294

Hanford Educational Center, (The Hub)
 925 13th Ave. Hanford, CA 93230
 PH: (559) 583-2500 FAX: (559) 584-1853

RESIDENCY RECLASSIFICATION AFFIDAVIT FOR MILITARY/ MILITARY DEPENDENT

Please submit the questionnaire with all pertinent residency documentation. Incomplete questionnaires and/or questionnaires without documentation will be returned to the student. Submit form to the nearest location listed above or email: helena@cos.edu

You are required to provide documentation in support of your responses:

- DD-214 (Member 4 copy)
- Letter of VA Eligibility for Chapter 30, 31, 33, 35 transferred benefits – Must have Veterans Resource Center sign form prior to submission.
- Military Photo ID (copying of your military ID is optional). **If you do not wish to have your military ID photocopied, provide a copy of your Military Orders designating California station and show your military card to A&R staff for documentation.**

PLEASE PRINT:

Indicate Semester: Fall Spring Summer Year: _____

Last Name	First Name	Middle Initial	Social Security
Birth Date	Email		COS Banner ID
Address		City/State/Zip	Telephone

1. Do you intend to make California your permanent residence? Yes No

2. Please place a check next to all that apply to you:

- | | |
|---|---|
| Active Duty | When did your present stay in California begin: _____/_____/_____ |
| Dependent of current active military | DD-214 Date of Discharge: _____/_____/_____ |
| Member discharged from CA in the last two years | Home State of Record: _____ |
| Covered Individual-Isakson and Roe | |
| Letter of VA Eligibility for Chapter 30 | |
| Letter of VA Eligibility for Chapter 33 | |
| Authorization for Chapter 31 Benefits | |
| Child/spouse John David Fry Scholarship | |
| Letter of VA Eligibility for Chapter 35 | |

Office Use Only	
Student is Eligible for Chapter # _____ Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Veteran's Office Representative Name & Signature	_____ Date

3. Currently Stationed in California? Yes No
 If stationed in California, is the duty for educational purposes ONLY? Yes No

4. Address after separation: _____
 If home state of record and address after separation is California and the date of discharge is within two years, please use your DD214 to reclassify to California residency. Effective August 01, 2021 covered individuals under the Veterans Access, Choice, and Accountability Act and their qualified dependents who begin attending an institution of higher learning located in the same state they reside may reclassify and charged in-state tuition rate. If you do not meet this criterion, please complete the non-military member Request for Reclassification Form.

I hereby certify under penalty of perjury that to the best of my knowledge, all of the above statements are correct and complete. I also understand that willful omission, falsification, or failure to report changes in residence may result in my dismissal from the college.

Student Signature _____
Date

Office Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Student Services Dean's Signature or designee
	_____ Date
Proof of Military ID verified by: _____ (print staff name)	Signature: _____ Date