

# Minnesota Residency Verification Form

|                            |              |                      |
|----------------------------|--------------|----------------------|
| Name (First, Middle, Last) | Phone Number | St. Thomas ID Number |
| Permanent Street Address   |              |                      |

8. You must sign this form certifying that the information you are providing is true.

Signature

|   |  |  |
|---|--|--|
| Residency: w Yes <input type="checkbox"/> No <input type="checkbox"/> | MN Grad/GED w Yes <input type="checkbox"/> No <input type="checkbox"/> | ATR Reviewed w Yes <input type="checkbox"/> No <input type="checkbox"/><br>w Eligible <input type="checkbox"/> wneligible <input type="checkbox"/> |
|---|--|--|