



VACA WAIVER OF NON-RESIDENT STATUS

Student ID #: _____ Date: _____

Full Name: _____
PLEASE PRINT Last Name First Name Middle Name

QUESTIONNAIRE

Service Member Name: _____

Service Member State of Entry: _____

Service Member Permanent Duty Station: _____

Service Member State of Domicile: _____

Service Member Home of Record on DD214: _____

Is the service member still an active member of the armed forces? Yes | No

Service Member Station Location and Dates: _____

If applicable, date service member separated from active duty: _____ / _____ / _____

I will be using Post 9/11 Transfer of Entitlement benefits: Yes | No

I will be using benefits under the Fry Scholarship: Yes | No

REQUIRED DOCUMENTATION

For Spouses and dependents

I am a dependent child of an active duty service member stationed or domiciled in California on active duty. Please submit the following documentation:

- Statement from the service member's commanding or personnel officer listing the dates and location of assignment.
- Service member's state or federal income tax filings with you, the dependent, listed as an exemption.

I am a spouse of an active service member stationed or domiciled in California on active duty. (Please submit the following documentation:)

- Statement from the service member's commanding or personnel officer listing the dates and location of assignment.
- Your joint state or federal income tax filings.

For Veterans and Service Members

I am a "covered individual" under VACA Section 702. (Please submit the following documentation:)

- Service member's form DD214.
- Certificate of Eligibility showing you are eligible for Post 9/11 Transfer of Entitlement benefits or the Fry Scholarship.

I am an out-of-state veteran student under Ch. 31 Vocational Rehabilitation and Employment (VR&E). (Please submit the following documentation:)

- Service member's form DD214
- VA Form 28-1900, Authorization and Certification of Entrance or Reentrance into Rehabilitation and Certification of Status.

You will be notified via your college Zonemail account approximately 1-2 weeks following the receipt of your request.

By signing this form, you understand that any misrepresentation of information provided may result in disciplinary action in accordance with Student Disciplinary Action and/or a financial obligation that must be paid in accordance with the processing and collection of tuition and fee payments. Further, you understand that state residency changes will not be made retroactively and that the deadline to make a residence change is prior to the start of the enrolled term.

Student's Signature _____ Date: _____

OFFICE USE ONLY

Approved | Denied Non-resident Waiver | Out-of-State Resident

Effective Term: _____ Effective Date: _____ Done by: _____ Coded: _____ Student Notified: _____