

# 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"/> w Eligible <input type="checkbox"/> wneligible <input type="checkbox"/>
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