



STATE INCOME TAX STATEMENT

In order to verify my claim to be a resident of California, I agree to bring to the Admissions Center a COPY OF MY ORIGINAL 20_____ California State Income Tax Form (540R) and my original employees W2 form(s) by _____.

I understand that if I do not provide documentation by the date indicated above, an **administrative hold** will be placed on my records, and I will not be able to register.

(Please Print) Last Name First Middle Initial

Student ID # E-Mail address Phone Number

Student Signature Date

If you have any questions, please call the Residency Technician at (619) 482-6550.

THIS INFORMATION IS AVAILABLE IN ALTERNATE MEDIA TO REQUEST; CALL (619) 482-6512 OR TTY (619) 482-6470



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