

MINNESOTA – WISCONSIN RECIPROCITY  
VERIFICATION OF RESIDENCE FORM

WISCONSIN STUDENT ATTENDING MINNESOTA \_\_\_\_\_  
Name of Technical College

MINNESOTA STUDENT ATTENDING WISCONSIN \_\_\_\_\_  
Name of VTAE District

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_  
Month/Day/Year

MAILING ADDRESS \_\_\_\_\_  
Street or RFD City State Zip Code

PERMANENT ADDRESS \_\_\_\_\_  
Street or RFD City State Zip Code

PERMANENT RESIDENCE INFORMATION:  
COUNTY \_\_\_\_\_ TOWNSHIP OF \_\_\_\_\_ Check Appropriate  
VILLAGE OF \_\_\_\_\_ Box and  
CITY OF \_\_\_\_\_ Indicate Name

TITLE OF PROGRAM OR COURSE/S \_\_\_\_\_

I PLAN TO ENROLL \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME BEGINNING \_\_\_\_\_  
Month/Year

FULL TIME STUDENT ONLY: I AM IN MY \_\_\_\_\_ 1<sup>ST</sup> YEAR \_\_\_\_\_ 2<sup>ND</sup> YEAR

I SWEAR THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY  
KNOWLEDGE.

\_\_\_\_\_  
Signature of Parents if Student is Under 18 Years of Age Date Signature of Student Date

THIS FORM IS TO BE USED BY THE RECEIVING SCHOOL TO VERIFY THE RESIDENCE OF  
STUDENTS ATTENDING FROM ANOTHER STATE UNDER CURRENT INTERSTATE RECIPROCITY  
AGREEMENTS. IT MUST BE RETURNED TO THE SCHOOL OF ATTENDANCE BEFORE  
CONSIDERATION CAN BE GIVEN TO THE REQUEST FOR TUITION APPROVAL