



Statement of Inability to Possess a Driver's License

Student ID Number Student's Last Name First M.

Claimant: Person claiming residency (Independent Student, Spouse, Parent/Legal Guardian, Relative):

Claimant's Last Name First Name M

Claimant's Address City State Zip Code

By my signature below, I affirm the following:

- I do not possess a driver's license in the State of Florida Alabama
I do not possess a driver's license in any other state
I do not own or operate a motor vehicle
I do possess a Florida/Alabama State ID Card issued 12 months prior to the beginning of the term for which I request classification as Florida/Alabama resident for tuition purposes.

ID Card Number Issue Date

Signature of Claimant: Independent Student, Spouse, Parent or Legal Guardian Date

Printed Name

COUNTY OF

STATE OF

SWORN TO AND SUBSCRIBED before me on this day of 20

The affiant is personally know to me or provided as identification.

Notary Public Signature

Printed or Typed Name Commissioned Name of Notary Public

(SEAL)