

## Florida Residency Appeal Checklist

Please print clearly. All requested information must be provided.

Name of Student:	Stude	nt VID:
Name of Claimant (if different than the student):		
Name of Valencia Staff Member who assisted the Student/Claimant:		
Today's Date:	Term Appealing Residency	<i>/</i> :
☐ This completed checklist ☐ Letter requesting an appeal of your non-Florida Resident status; the letter must include the following information (please address your letter to the Florida Residency Appeals Committee): ☐ Name of student ☐ Name of claimant (if different than the student) ☐ Justification for why the Florida Residency Appeals Committee should consider an exception to Florida Statute 1009.21 (www.flsenate.gov/Statutes) and Florida Rule 6A-10.044 (www.flrules.org); cite the specific part of the Statute and/or Rule for which you are requesting an exception.		
Completed Florida Residency Form (available onli records/florida-residency/)  Attach photocopies of all supporting docu Registration, Florida Vehicle Registration that documentation you can provide proving	<u>mentation</u> (i.e. Florida Driv etc.). supports your claim of Floi	er License, Florida Voter rida Residency; the more

Submit this checklist and all required documents (along with attachments) to admissionshelp@valenciacollege.edu with Florida Residency Appeals Committee as the subject line.

You may also mail your appeal (along with attachments) to:

Valencia College
ATTN: Florida Residency Appeals Committee
MC: 4-8
P.O. Box 3028
Orlando, FL 32802-3028

If you have questions about the submission process please visit the Virtual Answer Center.