

Residency Form

(Must be completed by all admitted students.)

Return to:
Washburn University School of Law
Attn: Admissions Office
1700 SW College Avenue
Topeka, KS 66621-1140
800-927-4529

Name: _____ Male _____ Female _____
Last First MI Other Last

SSN: _____ Date of Birth: _____
Month / Day / Year

Are you a U.S. Citizen? Yes _____ No _____
If no, which country do you have citizenship? _____
If no, provide your Alien Registration Number: _____

Will you be attending the Washburn University School of Law as an F-1 or J-1 visa holder? _____ Please specify: _____
(Y or N) Visa Type

Current Residence: _____
Street City County State Zip

From: _____ to _____
Month / Year Month / Year

Permanent Residence: _____
Street City County State Zip

From: _____ to _____
Month / Year Month / Year

Are you a registered voter? Yes _____ No _____ If yes, where: _____
City County State

Do you own a vehicle? Yes _____ No _____ If yes, _____
Vehicle License No. State & County Registered

Do you have a driver's license? Yes _____ No _____ If yes, _____
State

Will you graduate from a university/college outside of Kansas this year? Yes _____ No _____

Did one or both of your parents graduate from Washburn? Yes _____ No _____
If yes, _____
Name Graduation Year

Are you on active-duty military? Yes _____ No _____
Are you a dependent of someone on active-duty military stationed in Kansas? Yes _____ No _____

I certify that the above information is correct and complete:

Signature of Admitted Student Date

For University Use Only

Degree _____	Graduation Class _____
Class _____	Residence _____
Semester _____	