



# University of Pittsburgh Greensburg

Office of Admissions  
150 Finoli Drive  
Greensburg, PA 15601  
Phone: 724-836-9880  
Fax: 724-836-7471

## Residency Data Form

\_\_\_\_\_  
Last First Middle Social Security Number

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City State Zip Code PA County Telephone #

\_\_\_\_\_  
Foreign Address Foreign Telephone #

1. Where do you want to reside? \_\_\_\_\_ On Campus \_\_\_\_\_ Commute \_\_\_\_\_ Off Campus

2. Are you a resident of Pennsylvania?  
\_\_\_\_\_ Yes, more than one year \_\_\_\_\_ Yes, less than one year \_\_\_\_\_ No

3. Is your father/guardian a resident of Pennsylvania?  
\_\_\_\_\_ Yes, more than one year \_\_\_\_\_ Yes, less than one year \_\_\_\_\_ No

4. Is your mother/guardian a resident of Pennsylvania?  
\_\_\_\_\_ Yes, more than one year \_\_\_\_\_ Yes, less than one year \_\_\_\_\_ No

5. Give the complete address of any residence(s) you have had during the last 12 months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## All applicants must sign and date this form

This Residency Data Form is used to determine your residency status, which subsequently determines any eligibility for Pennsylvania tuition. Failure to supply this information may result in an incorrect invoice. Please return this form to the address or fax listed at the top of this page.

I certify that the information provided to the University of Pittsburgh at Greensburg on this Residency Data Form is true and accurate to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_