



REGISTRATION VERIFICATION FORM

_____ Fall _____ Spring _____ Summer Year _____

Name: _____ **Previous/Maiden Name:** _____

Student ID #: _____ **Birth Date:** _____

Local Address: _____ **Permanent/Mailing Address:** _____

E-mail Address: _____

Local Telephone: _____ **Alternative/Cell Telephone:** _____

____ Check if local address or phone number is new

____ Check if permanent address or phone number is new

REQUIRED INFORMATION FOR COLORADO RESIDENTS.....PLEASE ANSWER ALL FOUR QUESTIONS

If you are under 23 years of age, not married and do not have a dependant child, the residency information below should reflect YOUR PARENT OR LEGAL GUARDIAN'S information according to Colorado Revised Statutes §23-7-101, *et seq.*, 1998.

- | | | |
|--|-------------|------------|
| 1. Have you <u>continuously</u> lived in Colorado for a full year? | Yes _____ | No _____ |
| 2. Date you began living in Colorado: | Month _____ | Year _____ |
| 3. Employer: _____ Date Began: _____ | Month _____ | Year _____ |
| 4. Driver's License #: _____ Date issued: _____ | Month _____ | Year _____ |
| or | | |
| Last two years income taxes filed: | Year _____ | Year _____ |

- While at Northeastern, do you intend to:
1. ____ Earn an academic degree (AA/AS/AGS), major _____
 2. ____ Earn a vocational-technical degree (AAS), major _____
 3. ____ Earn a vocational-technical certificate, major _____
 4. ____ None of the above

PREFIX-COURSE + SECTION NUMBER	COURSE TITLE	CREDITS	*INITIAL TO REFUSE COF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR SIGNATURE holds you financially responsible for all the above registered classes and releases the College Opportunity Fund for you to receive in-state tuition discounts if eligible.

_____ **Student Signature** _____ **Advisor Signature** _____ **Date**