



Fulton County Treasurer's Office
 223 West Main Street
 P.O. Box 128
 Johnstown, NY 12095
Phone: (518) 736-5580

PARENT OR GUARDIAN – USE THIS FORM IF THE STUDENT DOES NOT HAVE THE REQUIRED TWO (2) FORMS OF ADDRESS PROOF. SUBMIT PARENT OR GUARDIAN ADDRESS PROOF WITH NOTORIZED FORM.

Student's Name _____
 Semester/Course Begins: _____ Year: _____

Applicant's Phone Number: (____) _____

**STATE OF NEW YORK,
 COUNTY OF FULTON**

PERMANENT/LEGAL ADDRESS

*****PRINT ALL INFORMATION*****

I, _____ do hereby swear that my son/daughter, _____,
 (Parent or Guardian Name) (Name of Applicant)

Resides with me at _____

In the (City) (Village) (Town) of _____, Zip Code _____, County of Fulton, State of New York; that he/she is, and has **for a period of at least one year** immediately prior to the date of this affidavit and application, been **a resident of the State of New York**; that he/she now is, and for a **period of at least _____ month(s)** immediately prior to the date of this affidavit and application, **been a resident of the County of Fulton.**

Sworn to before me this _____ day
 of _____, 20____
(Notary Public or Commissioner of Deeds)

(Notary Signature)

SIGNATURE OF PARENT OR GUARDIAN

(Parent/Guardian Signature) (Date)