



**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)**