pennsylvania
DEPARTMENT OF EDUCATION

ADULT AND CONTINUING EDUCATION

Verification of Residency Form

Date of application _____ (MM/DD/YYYY) Class start date _____ (MM/DD/YYYY)

Printed name _____
Last First Middle initial

Current address_____
Street address

_____
City State Zip code

☐ I lived at the above Pennsylvania address for 2 consecutive years or more.

☐ I lived in Pennsylvania for 2 consecutive years or more at my current address and previous addresses listed below:

1. Prior address_____
Street address

_____
City State Zip code

I lived at this address from _____ (MM/DD/YYYY) Until _____ (MM/DD/YYYY)

2. Prior address_____
Street address

_____
City State Zip code

I lived at this address from _____ (MM/DD/YYYY) Until _____ (MM/DD/YYYY)

☐ I have not lived in Pennsylvania for the past 2 or more consecutive years and must submit a Pennsylvania Criminal History Report and Federal Criminal History Report to the NATCEP.

By submitting this form, I certify all the information I provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature _____ Date _____ (MM/DD/YYYY)

(For NATCEP Staff)

I am the Authorized NATCEP Representative who received this completed form and verified the applicant by their physical comparison with an official State issued photo identification:

☐ I verified the applicant resided in Pennsylvania for 2 consecutive years or more.

Signature _____ Date _____ (MM/DD/YYYY)