



**PLEASE PROVIDE THE FOLLOWING INFORMATION**

**CERTIFICATION OF RESIDENCY**

How long have you lived in Louisiana? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Documentation utilized to verify current residency (only one required).  
 Tuition will be doubled until student can prove residency status.

- Louisiana Drivers License # \_\_\_\_\_ Date of Issue \_\_\_\_\_
- Louisiana Vehicle Registration # \_\_\_\_\_ Date of Issue \_\_\_\_\_
- Louisiana Voter's Registration # \_\_\_\_\_
- Louisiana Income Tax Return showing tax paid \_\_\_\_\_
- Other \_\_\_\_\_

**CERTIFICATION OF SELECTIVE SERVICE REGISTRATION**

**(Check the item that describes your registration)**

- A.**  I certify that I am not required to be registered with Selective Service because: (Check one)
- I am female
  - I am in the armed services on active duty (Note: Members of the Reserves and National Guard are not considered on active duty)
  - I have not reached my 18<sup>th</sup> birthday
  - I was born before 1960
  - I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands
  - I am a Veteran
- B.**  I certify that I am registered with the Selective Service.

Selective Service Number: \_\_\_\_\_

**PRIVILEGED INFORMATION RELEASE**

I hereby authorize this school's officials or instructors to release information concerning my school records to my parent or guardian, present or former high school, schools to which I may transfer, agencies from which I am receiving financial aid, prospective employers, or other official inquiries. I understand in executing this authorization I waive the right for such information to be privileged and that a photocopy of this authorization shall be as valid as the original.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION**

- |  |   |
|--|---|
| High School Transcript Release   | Statement of Information Accuracy   |
| <input type="checkbox"/> I do hereby authorize Louisiana public postsecondary education access to my academic records. | <input type="checkbox"/> I certify that all of the information provided on this form is true and correct. |

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

PLACEMENT SCORES:	ACT	ASSET	COMPASS	TEST DATE
Reading	_____	_____	_____	____/____/____
Mathematics	_____	_____	_____	____/____/____
English/Writing	_____	_____	_____	____/____/____

**EQUAL OPPORTUNITY STATEMENT**

South Central (SCL) Louisiana Technical College adheres to the equal opportunity provisions of federal civil rights laws and regulations that are applicable to this agency. Therefore, no one will be discriminated against based on race, color, national origin (Title VI of the Civil Rights Act of 1964), sex (Title IX of the Education Amendments of 1972), Disability (Section 504 of the Rehabilitation Act of 1976 in attaining educational goals and objectives and in the administration of personnel policies and procedures). Anyone with questions regarding this policy may contact Equal Employment Opportunity Commission at 800-669-4000.