

Border County Waiver Reclassification Request

Name _____

Student ID _____

New Address _____

I hereby request a waiver of non-resident (out of state) fees for the school year _____

I am now a resident of (check one):

Texas resident:

____ Bowie County

____ Cass County

____ Texas County

Louisiana resident:

____ Bossier Parrish

____ Caddo Parrish

____ Claiborne Parrish

____ E Carroll Parrish

____ Morehouse Parrish

____ Union Parrish

____ Webster Parrish

____ W Carroll Parrish

And agree to provide each of the following as documentation of my address change:

- Driver's license with current address
- Housing agreement
- Utility bill

I also understand that:

- The stated change of address must be documented 6 months prior to the beginning of the term requested for reclassification.
- Housing policies still apply. Commuting freshmen must live with a parent.
- I am required to notify Student Accounts at studentaccounts@saumag.edu with any subsequent address changes that would affect my eligibility for the border county waiver. **Failure to do so may result in retroactively removing the waiver from my account.**

Signature _____

Date _____