

Accepted by: _____ Date: _____
Semester _____ Year _____

Waiver Extension – Property Purchase

Student ID# _____

Complete Legal Name: _____
Last First Middle Initial

Independent _____ Dependent _____ (Student is claimed as a dependent on parent/legal guardian's federal income taxes.)

Address of person residency classification is based on: _____ Student _____ Parent _____ Legal Guardian

Residency Address: _____
Number and Street City State Zip

Waiver must be updated each semester.

Attach copy of current tax statement that shows taxes are paid to Amarillo College.

I certify the above information is correct and I will notify Amarillo College if there are any changes in the information provided.

Signature Date