



University of Arkansas at Monticello

Parent/Guardian Residence Verification

I, _____, am the parent or legal guardian of _____. My
(Parent Name) (Student Name)
home address is _____. My son or daughter will
(street, city, state, zip)
continue to live with me at our permanent legal residence and will commute to Monticello,
Arkansas to attend the University of Arkansas at Monticello for the Fall 20____ and Spring
(Year)
20____ semesters. Our home is in _____ County and is within 60 miles of the
(Year) (County)
University of Arkansas at Monticello.

Parent or Legal Guardian Signature

Notary Information

State of Arkansas

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____.
(Day) (Month) (Year)

by _____.
(Notary Name Printed)

Please place stamp or seal in the area below.

(Notary Public Signature)

My Commission Expires:

(Month, Day, Year)