



**MENDOCINO COLLEGE**

**SEASONAL AGRICULTURAL EMPLOYMENT VERIFICATION**

Office of Admissions & Records, 1000 Hensley Creek Road, Ukiah, CA  
(p) 707/468-3101 • (f) 707/468-3430 • registration@mendocino.edu

You may be classified as a resident for tuition purposes if you, or your parent, earns a livelihood primarily by performing agricultural labor (seasonal employment in connection with actual production of agricultural crops, including seeding, thinning and harvesting) for hire in California and other states for at least two months per year in each of the two preceding years. If you are claiming residency based on this rule, please complete the appropriate section below:

\_\_\_\_\_  
LAST NAME                      FIRST                      MIDDLE                      OTHER NAMES USED or MAIDEN NAME

MC STUDENT I.D. or SSN/ITIN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

My parent is a seasonal agricultural employee

Name of parent: \_\_\_\_\_

Address of parent: \_\_\_\_\_

Employed by (Name & Address)  
(If more than one employer, please use backside of paper)

\_\_\_\_\_

\_\_\_\_\_

For these dates \_\_\_\_\_

**Proof:**  
Either attach pay stubs showing at least two months per year in each of the two preceding years (four months total)  
OR  
Ask your employer to sign this form; the employer is verifying that the person identified above is hired as a seasonal agriculture employee.

\_\_\_\_\_

Employer Signature and phone number

Did your parent file state and/or federal income tax returns?  
Yes      No

If yes, were you claimed as a dependent?  
Yes      No

**OR**

I am a seasonal agricultural employee

Employed by (Name & Address)  
(If more than one employer, please use backside of paper)

\_\_\_\_\_

\_\_\_\_\_

For these dates \_\_\_\_\_

**Proof:**  
Either attach pay stubs showing at least two months per year in each of the two preceding years (four months total)  
OR  
Ask your employer to sign this form; the employer is verifying that the person identified above is hired as a seasonal agriculture employee.

\_\_\_\_\_

Employer Signature and phone number

**Certification: I certify that the statements on this form are true and correct. I will notify the college of any changes of facts.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Additional employers (if applicable):

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Name	Address	Dates of employment	Signature (if being used as proof)
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Name	Address	Dates of employment	Signature (if being used as proof)
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Name	Address	Dates of employment	Signature (if being used as proof)
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