MENDOCINO COLLEGE
SEASONAL AGRICULTURAL EMPLOYMENT VERIFICATON
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_____

☐ <u>My parent is a seasonal agricultural employee</u>

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

☐ <u>I am a seasonal agricultural employee</u>

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):

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