ADMISSIONS OFFICE
UNIVERSITY OF NEW ORLEANS
LAKEFRONT, NEW ORLEANS, LOUISIANA 70148

VERIFICATION OF LOUISIANA ADDRESS FOR RESIDENCE DETERMINATION

Name of Applicant: _____
Last First Middle or Maiden

This is to certify that I am/was a full-time resident of:

_____
Street and Apartment Number

_____

City State Zip

From:_____ To:_____
Month/Day/Year Month/Day/Year

_____ _____
Signature of Applicant Date

To be filled out by appropriate individual such as a landlord, banker, apartment manager, lawyer, etc. If signed by a relative, this form must be notarized.

This is to certify that the above named applicant physically resided at this address for the period of time shown above.

_____ _____
Signature Firm

_____ _____
Position Date