

Uniondale UFSD: Office of Central Registration Services

1060 Cornelius Court Uniondale NY 11706

516 918 – 1059: Office Fax 516 918-2336

Website: uniondale.k12.ny.us

Third Party Residency Statement

I, _____ (Name),

residing at: _____ (Address) am submitting this residency statement to the **Uniondale UFSD : Office of Central Registration** to personally verify the residency of: _____ (Name) and their child: _____ (Childs Name) who currently reside at: _____ (Address).

They have resided at this address since: _____.

I have first-hand knowledge of their current residence because:

I understand that this document will be submitted to and filed with the **Uniondale UFSD** and that the **Uniondale UFSD** will rely upon the contents of this document as factual and true as completed by me. I am submitting this document as I have first-hand knowledge regarding the above referenced facts. Any false statements made by me may subject me to penalties as prescribed by law.

Signature:

Date:

PROOF OF RESIDENCY IS REQUIRED: 3 PIECES OF MAIL NO MORE THAN 30 DAYS FROM YOUR DATE OF REGISTRATION

Rev. 1/19/2017