



Of the 4 boxes below, check one box only and sign/date at the bottom of the page.

☐ I have completed ≥ 24 graded credits from **Clatsop Community College** between 2017 and 2026

☐ I have completed ≥ 24 graded credits **Tillamook Bay Community College** between 2017 and 2026

☐ I graduated from a **Clatsop, Tillamook, Columbia (OR); Pacific, or Wahkiakum (WA) County High School** in 2024, 2025 or 2026. I am submitting an official high school transcript showing that I graduated as documentation.

☐ I am a resident of Clatsop, Tillamook, Columbia (OR); Pacific, or Wahkiakum (WA) county. Complete the residency information below and provide documents from **Category 1 AND Category 2** to prove your residency status.

Name _____ Phone _____
Please list all addresses you have lived at for the time period involved.

Street	City	State	Zip
Street	City	State	Zip

List the type of document you are submitting for each category to verify your permanent address.

Category 1	1 copy for each month	Month 1	Month 2	Month 3
Category 2	1 copy			

I understand that falsification of any of the above information will jeopardize my application and/or admission to the nursing program. I certify by my signature that the above information is a true and accurate statement of my residency.

Signature _____ Date _____