



**LOS ANGELES COMMUNITY COLLEGE DISTRICT  
NONRESIDENT TUITION EXEMPTION REQUEST FORM AP 5020  
FOR ELIGIBLE CHILDREN OF DEPORTED OR VOLUNTARILY  
DEPARTED PARENTS (SB 141)**

Complete and sign this form to request an exemption from nonresident tuition.

**YES NO**

- I am a United States Citizen.**
- My parent/guardian was deported or permitted to depart voluntarily under the federal Immigration and National Act in accordance with Section 1229c of Title 8 of the United States Code.**  
*If yes, provide documents from the United States Citizenship and Immigration Services ("USCIS") evidencing the deportation or voluntary departure of your parent/guardian.*
- I moved abroad as a result of the deportation or voluntary departure of my parent/guardian.**
- I lived in California immediately before going abroad.**  
*If yes, provide documentation that you lived in California immediately before going abroad.*
- I attended a public or private secondary school (e.g., a high school, technical school, or adult school) in California for three or more years.**  
*If yes, provide documentation (e.g., transcripts, etc.) that you attended a public or private secondary school in California for three or more years.*
- Upon enrolling this term, I will be in my first academic year as a matriculated student in California public higher education. I have never previously attended a campus of the California community colleges, California State University, or University of California.**

**AFFIDAVIT**

I certify under penalty of perjury under the laws of the State of California that all of the information I have provided on this form, and any presented documentation, is true and complete to the best of my knowledge. I further certify that I intend to establish residency in California as soon as possible. I understand that falsification of documentation may constitute grounds for criminal prosecution and/or student discipline, including but not limited to suspension or expulsion.

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

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Permanent Legal Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_