



Lake Sumter
State College

INCLUSIVE WEBSITE EXPERIENCE

Lake-Sumter State College is committed to ensuring that all students and visitors, including persons with disabilities, are able to access and use all of our services, programs and activities. We recognize that many individuals are increasingly using our website to access information and obtain services.

We understand that website users who have disabilities may use the website with the assistance of technology, including screen readers, captioning, transcripts, and other auxiliary aids and services. We are committed to providing all website users with information about our services and alternative ways we can offer these services.

Lake-Sumter State College is committed to making our websites accessible to all audiences. We are continually seeking solutions to improve LSSC.edu. Our website offers a wide range of information, and we recognize that for users with disabilities, some material on our site may pose challenges. If there are changes we can make to our website to make it easier to use, or if you encounter material or services that you cannot access, please let us know. Your feedback helps us to identify areas where we can improve.

We strive to ensure that our website will comply with Web Content Accessibility Guidelines (WCAG) put forth by the World Wide Web Consortium (W3C), but recognize that alternatives to using the website should be available in the event that a user with a disability encounters a problem using our website.

If you are unable to access information or documents posted on this website, please send us an email at websupport@lssc.edu with as much of the following information as possible:

- Your name
- Your phone number
- Your email address
- The date and time you encountered the problem
- The web page or address where the problem occurred
- What occurred or what you were unable to do
- Any error messages you received.

AFFIDAVIT of PARENTAL RELATIONSHIP (Residency Classification B)

For students choosing residency classification B on the Statement of Residency, please complete this form to document a Claimant acting as a guardian in a Parental Relationship with the Student.

Student Name: _____ Date: _____
Student ID#: _____ Student Date of Birth: _____

Please Print

I, _____, do hereby swear and
*Person in Parental Relationship as Claimant (First) (Middle) (Last)

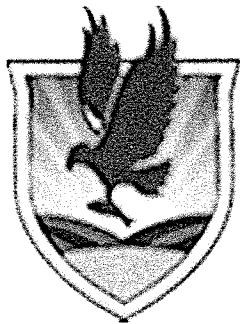
affirm that I have been in a Parental Relationship providing day-to-day care and financial support for the past 3 years for:

_____ for the period:
Name of Student (First) (Middle) (Last)

_____ to _____
(Month, Day, Year) (at least 3 years ago) (Month, Day, Year)

This affidavit is executed on behalf of the aforementioned student, pursuant to F.S. 1009.21(1)(f).

*Signature: _____ Date: _____



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