

Affidavit of Non-Support



Parkland College
2400 W. Bradley Ave.
Champaign, IL 61821
217-351-2482

Applicant claiming emancipation from parent and/or legal guardian must have this affidavit completed by the former head of his/her household.

To be completed by parent or guardian

I, _____
(Social Security Number _____), do hereby affirm that I relinquish all claim or right to the care, custody and earnings of _____
(Social Security Number _____), and discontinued providing him/her with financial support as of _____ (date/year). I no longer claim him/her as a dependent on my Federal Income Tax return and I instructed my employer to decrease the number of my dependents by submitting a W-4 form.

State of Residence _____

County of Residence _____

To be completed by a Notary Public

I, _____, being duly sworn to oath, state that the above statement is
(Head of Household) true and correct.

Signature

SEAL

Subscribed and sworn before me on
this _____ day
of _____ A.D.
_____ (year)

(Notary Public)
My commission expires _____
(Date/Year)