



Admissions and Records
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Affidavit of Non-Support

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 true and correct.
(Head of Household)

Signature

SEAL

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

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