



Admissions and Records
 2400 W Bradley Ave, Room U214
 Champaign, IL 61821
 Phone (217)351-2482
 Fax (217)353-2640

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)