



Certificate of Independence

We/I _____ of _____
(Name(s) of Parent(s) or Legal Guardian(s) (Student's Name)

_____, declare under oath this _____ day of _____, 20_____ that our/my
(Student's Social Security Number) (Day) (Month) (Year)

son/daughter permanently resides _____ in _____,
(City) (State)

We/I testify that we/I do not provide more than half of his/her financial support and will not claim him/her as an exemption on our/my Federal or State Income Tax Return during his/her continued enrollment at Coastal Carolina University. I understand that _____ is expected to live independently and provide more than 51% of his/her own
(Student's Name)

financial support during the time in which he/she is considered an independent South Carolina resident for tuition and fee purposes. Should his/her domiciliary or financial dependency status change during his/her enrollment, we/I will notify the Office of Admissions and Merit Awards immediately.

Signature _____ Date _____
(Signature of Parent or Legal Guardian) (MM/DD/YYYY)

Signature _____ Date _____
(Signature of Parent or Legal Guardian) (MM/DD/YYYY)

Sworn before me this _____ Day of _____, 20____

Signature _____

Notary Public for the State of _____

(Notary Seal)

My commission expires _____