



OFFICE OF THE REGISTRAR
171 MOULTRIE STREET
CHARLESTON, SC 29409

CERTIFICATE OF INDEPENDENCE

We/I, _____, parents of
_____, state the following:

TAX DEPENDENT:

We/I last claimed the above-named person as a dependent on our/my 20__ federal income tax return.

Did you or will you claim the above-named person as a dependent on your 20____ federal income tax return?

Yes ___No___ File date of 20____ federal income tax return with the Internal Revenue Service _____
File date of 20____ South Carolina tax return with the SC Dept. of Revenue _____

Will you claim the above-named person as a dependent on your 20____ federal income tax return?

Yes___ No___

SUPPORT:

Did you provide more than half of the above-named person's total support during the past twelve months? Yes ___ No___

We/I contributed \$_____ toward the above-named person's total support during the past twelve months.

AGREEMENT:

We/I agree to provide, if requested, documentary proof which include a photocopy of the applicable Federal income tax and South Carolina resident tax returns to verify the above statements.

Father's Signature _____

Mother's Signature_____

Address of Parent(s) _____

NOTARY PUBLIC SEAL

DATE: _____

Notary's Signature/Date

Date Commission Expires