



Office of the Registrar
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 ____ (prior year) Federal income tax return?
Circle one: Yes No
- File date of prior year's Federal income tax return with the Internal Revenue Service _____
- File date of prior year's South Carolina resident tax return with the SC Dept of Revenue _____
- Will you claim the above-named person as a dependent on your 20 ____ (current year) Federal income tax return?
Circle one: Yes No

Support:

- Did you provide more than half of the above-named person's total support during the past twelve months?
Circle one: 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 includes a photocopy of the applicable Federal income tax and South Carolina resident tax returns to verify the above statements.

NOTARY PUBLIC SEAL

Parent 1 signature: _____

Parent 1 address: _____

Parent 2 signature: _____

Parent 2 address: _____

Notary Signature and Date

Date Commission Expires