



University of South Carolina Aiken

University of South Carolina Aiken Residency Office

Certificate of Independence

We/I, _____, parents/legal guardians of _____, VIP ID _____, state of the following:

TAX DEPENDENT:

We/I *last claimed* the above-named person as dependent on our/my _____ (yr) federal income tax return.

Did you or will you claim the above-named person as a dependent on your most recent federal income tax return?
Yes _____ No _____. Date filed most recent federal income tax return with the Internal Revenue Service _____

Will you claim the above-named person as a dependent on your upcoming 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 support during the past twelve months. This includes tuition and Parent Loans.

If _____, is granted SC resident status for the purpose of in-state tuition and fees as an independent student, we/I will not provide more than 49% of his/her support while attending the University of South Carolina

AGREEMENT:

We/I agree to provide, if requested, documentary proof, which include a photocopy of applicable federal income tax return, to verify the above statements.

Parent 1 Signature: _____

Parent 2 Signature: _____

Legal Guardian's Signature: _____

Address: _____

Date: _____

Notary Public Seal

Notary's Signature/Date

Date Commission Expires