

AFFIDAVIT OF EMANCIPATION

Name of Student: _____ Date of Birth: _____

Reason for Not Living with Parents _____

Means of Support: _____

Receiving Financial Support from Parent(s)? YES NO

Current Relationship to Parents (last seen, contacted, knowledge of whereabouts, etc.)

Other Facts Relevant to Student's Status: _____

I hereby affirm that I am an emancipated minor.

Signature of Student _____