Department of Education

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 _____

STATE OF NEW YORK)
COUNTY OF _____) SS:

Sworn to before me this _____ day of _____, _____
Year

_____
Notary Public