

**WESLEYAN UNIVERSITY
STATEMENT OF TERMINATION OF
DOMESTIC PARTNERSHIP**

I, _____, confirm the following:
(Employee or Partner)

1. I am over the age of eighteen (18)
2. _____ and I are no longer domestic partners;
3. I make and file this Statement of Termination in order to cancel the Affidavit of Domestic Partnership filed by me with Wesleyan University on _____.
4. I mailed, postage paid, or hand-delivered, a copy of this notice to my former domestic partner at _____ on _____.
5. I declare, under penalty of perjury, that the above statements are true and correct.

(Employee or Partner)

(Date)