COASTAL CAROLINA UNIVERSITY

Select and complete the appropriate section that relates to applicant.

THIS FORM MUST BE NOTARIZED BY A NOTARY PUBLIC.
Coastal Carolina University • P.O. Box 261954 • Conway, SC 29528-6054
Office of Admissions Fax: 843-349-2127 • Email scresidency@coastal.edu

► Certificate of Dependence

We/I _____ of _____,
(Parent(s)/legal guardian(s))   (Student name)

_____, declare under oath this _____ of _____, 20_____ that we
(SSN)   (Day)   (Month)   (Year)

reside at _____, _____, _____.
(Street Address)   (State)   (County)

We/I will claim him/her as a dependent or exemption on our/my 20 _____ Federal income tax return.

We/I understand that it is required to provide a photocopy of said return or an official letter from the Internal Revenue Service verifying that

_____ in fact was claimed as
(Student name)

a dependent or exemption on said return and that we/I agree to submit such information once it is available.

Signature _____ Date _____

Signature _____ Date _____

Sworn before me this _____ Day of _____, 20_____

Signature _____

Notary Public for the State of _____

My commission expires _____   (notary seal)

► Certificate of Independence

We/I _____ of _____,
(Parent(s)/legal guardian(s))   (Student name)

_____, declare under oath this _____ of _____, 20_____ that we
(SSN)   (Day)   (Month)   (Year)

reside at _____, _____, _____.
(Street Address)   (State)   (County)

We/I will NOT provide more than half of the financial support for _____
(Student name)

and we/I will NOT claim him/her as a dependent or exemption on our/my 20 _____ Federal income tax return.

We/I understand that it is required to provide a photocopy of said return or an official letter from the Internal Revenue Service verifying that

_____ in fact was NOT claimed
(Student name)

as a dependent or exemption on said return and that we/I agree to submit such information once it is available.

Signature _____ Date _____

Signature _____ Date _____

Sworn before me this _____ Day of _____, 20_____

Signature _____

Notary Public for the State of _____

My commission expires _____   (notary seal)