

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

Ne/Io (Parent(s)/legal guardian(s)	'	(Student	name)				
		_of			, 20	t	hat we
(SSN)	(Day)		(Month)		(Year)	
eside at(Street_Address)		/C+-	ate)			(County)	
(e/I will claim him/her as a dependent or exemption on our/my 20Federa	l incomo ta	·	atej		'	(County)	
/e/I understand that it is required to provide a photocopy of said return or an official			al Poyon	uo Sorvice	o vorifyi	ng that	
refit understand that it is required to provide a photocopy of said return of an official	letter mom	the interi	iai Neveii	ue servici		nct was clai	imed a
(Student name)						ice was ciai	inca a.
dependent or exemption on said return and that we/I agree to submit such information	ion once it	is availabl	e.				
Sanatura			-)ata			
Signature							
Signature				ate			
Sworn before me thisDay of, 20							
Signature							
Notary Public for the State of							
My commission expires						(notary	seal)
Certificate of Independence							
•	of						
Ne/I							
We/I					, 20_	(Year)	that w
We/I (Parent(s)/legal guardian(s), declare under oath this	(Day)	_of		n)	, 20_	(Year)	that w
We/I (Parent(s)/legal guardian(s), declare under oath this	(Day)	_of		n) 		(Year)	that w
We/I	(Day) ,	_of(St	(Month				that w
We/I	(Day)	_of(St	(Month ate) dent name)			that w
We/I	(Day) , Federal	_of(Stu-	(Month ate) dent name ax return)		(County)	that w
We/I	(Day) , Federal	_of(Stu-	(Month ate) dent name ax return) nue Servic	ce verify	(County)	
We/I	(Day) , Federal	_of(Stu-	(Month ate) dent name ax return) nue Servic	ce verify	(County)	
We/I	(Day)Federal	_of(Sturincome to	(Month ate) dent name ax return nal Rever) nue Servic	ce verify	(County)	
We/I	(Day)Federal	_of(Sturincome to the Internal	(Month ate) dent name ax return nal Rever lable.) nue Servio	ce verify _in fact v	(County) ing that vas NOT cla	aimed
We/I	(Day)Federal	_of(Sturincome to the Internal	(Month ate) dent name ax return nal Rever lable.) nue Servio	ce verify _in fact v	(County)	aimed
We/I	Federal letter from	_of(Sturincome to the Internet is available)	(Monthate) dent name ax return nal Rever) oue Service	ce verify _in fact v	(County) ing that vas NOT cla	aimed
We/I	Federal letter from	_of(Sturincome to the Internet is available)	(Monthate) dent name ax return nal Rever) oue Service	ce verify _in fact v	(County) ing that vas NOT cla	aimed
(Parent(s)/legal guardian(s) (SSN) reside at	Federal letter from	_of(Sturincome to the Internet is available)	(Monthate) dent name ax return nal Rever) oue Service	ce verify _in fact v	(County) ing that vas NOT cla	aimed
We/I	Federal letter from	_of(Sturincome to the Internet is available)	(Monthate) dent name ax return nal Rever) oue Service	ce verify _in fact v	(County) ing that vas NOT cla	aimed

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