



STATEMENT OF NON-SUPPORT

*THIS FORM MAY BE COMPLETED IN LIEU OF YOUR PARENT'S _____ (YEAR)
INCOME TAX RETURN FOR THE SPRING TERM.*

THIS FORM MUST BE NOTARIZED

I, _____, the _____
(Parent, Guardian, etc)
of _____ (_____ - _____ - _____)
(Student) (Student's SSN)

have not provided over 50% of his/her full support since: _____.
(Date)

In addition, I do not plan to claim him/her on my _____ income tax
statement. (Year)

Signature of Parent or Guardian

TO BE COMPLETED BY A PUBLIC NOTARY

Sworn and subscribed to me this _____ day of _____, _____

(Signature of Notary Public and Seal)

PLEASE RETURN THIS FORM AND THE ITEMS INDICATED TO:
University of Central Florida P.O. Box 160111 Orlando, FL 32816-0111