



**University of South Carolina Aiken Residency Office**

**Certificate of Independence**

We/I, \_\_\_\_\_, parents/legal guardians of  
\_\_\_\_\_ VIP ID \_\_\_\_\_, state of the following:

**TAX DEPENDENT:**

We/I *last claimed* the above-named person as dependent on our/my \_\_\_\_\_(yr) federal income tax return.

Did you or will you claim the above-named person as a dependent on your most recent federal income tax return?  
Yes \_\_\_\_ No \_\_\_\_ Date filed most recent federal income tax return with the Internal Revenue Service \_\_\_\_\_

Will you claim the above-named person as a dependent on your upcoming federal income tax return?  
Yes \_\_\_\_ No \_\_\_\_

**SUPPORT:**

Did you provide more than half of the above-named person's total support during the past twelve months?  
Yes \_\_\_\_ No \_\_\_\_

We/I contributed \$ \_\_\_\_\_ toward the above-named person's support during the past twelve months. This includes tuition and Parent Loans.

If \_\_\_\_\_, is granted SC resident status for the purpose of in-state tuition and fees as an independent student, we/I will not provide more than 49% of his/her support while attending the University of South Carolina

**AGREEMENT:**

We/I agree to provide, if requested, documentary proof, which include a photocopy of applicable federal income tax return, to verify the above statements.

Parent 1 Signature: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public Seal

\_\_\_\_\_  
Notary's Signature/Date

\_\_\_\_\_  
Date Commission Expires