

OFFICE OF THE REGISTRAR
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Macomb, IL 614551390

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Fax: (309) 2982787
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AFFIDAVIT OF DEPENDENCY

TO: Office of the Registrar

FROM: _____
Parent's Name (print)

I certify that _____ is claimed on my
Student's Name (print)

most recent Federal Income Tax form as my dependent.

I understand that this form is a legal document certifying that I have declared my son/daughter of my legal dependents for the current calendar year. I understand that I need to submit a copy of this year's federal income tax form*, which documents a listing of my dependents, to the Office of the Registrar.

If I file a properly executed Affidavit of Dependency on an annual basis, I am entitled to receive academic information including a copy of my son's/daughter's academic transcript providing I submit a written request, indicating what information I am requesting, to the Office of the Registrar.

Parent's Signature: _____
Date

Parent's Address: _____

Subscribed and attested to before me this _____ day of _____, 20____.
Month