



**AFFIDAVIT**

I (employee), \_\_\_\_\_, certify that my child, \_\_\_\_\_, was born on \_\_\_\_\_ and is an unmarried legal dependent of mine. I also certify that he/she is an undergraduate student working on a Bachelor's Degree at the University of Chicago.

I understand that meeting the above criteria will make my dependent child eligible for the University Of Chicago Tuition Remission Program.

I understand that in the event any of the statements set forth herein are not true, the tuition, for which this affidavit is being submitted, will be rescinded and I will be liable for all expenses incurred under this program. I further understand it is my responsibility to notify Fermilab within 30 days if my dependent no longer meets the requirements as outlined in the program.

Employee Signature \_\_\_\_\_

ID# \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal:

\_\_\_\_\_  
Notary Name Date