Statement of why student is not claimed

Date:		
I,	, (circle one)mother father guardian ofis my dependent and has lived with me for	attest years and is not
		·
Signature	Date	
Notary Public		
	 Date	

Print out and complete this form and return it directly to:

HEOP/ACCESS Office The College of Saint Rose 432 Western Avenue Albany, NY 12203 Fax 518-337-2329 1-800-637-8556 ext. 9 HeopAccessProgram@strose.edu