



Office of Enrollment Services

**Affidavit of Support**

**This form will serve as verification of dependent support to request access to student records.**

I hereby affirm that I provide over 50% of the financial support for my dependent student and have declared the student as a dependent on my state/federal income tax return.

Student Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Palomar ID Number: \_\_\_\_\_

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date