

**NOTICE OF TERMINATION OF
QUALIFIED RELATIONSHIP
MARRIED AND DOMESTIC PARTNER TUITION BENEFIT**



We, the following individuals:

Name (Print) _____ LIFE Student ID # _____

AND

Name (Print) _____ LIFE Student ID# _____

Hereby notify Life University of the dissolution of our: Marriage Qualified Domestic Partnership

Date of dissolution of relationship: The _____ day of _____, _____.

We understand that upon dissolution of a benefit-approved marriage or domestic partnership, we cease to qualify for further accumulation of the aforementioned benefit, however we retain any benefit accumulated in previous quarters.

We understand that any loss suffered by Life University as the result of falsifying information on this document may bring a legal action against us to recover such loss including previously disbursed benefits and reasonable attorney's fees.

Signature _____ LIFE Student ID # _____
(only one signature required)

State of _____

County of _____

Personally appear before me the above named _____

and _____,
personally known to me, who, being duly sworn, depose and say that they executed the above instrument and that the statements contained therein are true and correct to the best of their knowledge and belief.

Subscribed and sworn to me this _____ day of, _____ 20_____.

Notary Public _____

My Commission Expires _____

Stamp Seal Here

For use by Office of Financial Aid only:

Date/quarter application received _____ day of _____, 20_____.