



Statement of Termination of Domestic Partner Status

1. I, _____, previously filed an
Faculty/Staff Member (Print)
Affidavit of Domestic Partnership with the University.
2. I hereby inform the University that _____
Name of Former Domestic Partner (Print)
is no longer my domestic partner as of _____.
Date
3. I certify that a copy of this *Statement of Termination* has been mailed to the person identified in Paragraph 2 above.
4. I understand that another *Affidavit of Domestic Partnership* cannot be filed until one (1) year after receipt of a Statement of Termination of a previous domestic partnership by the University.

Signature of Faculty/Staff/Appointee

Date