

Domestic Partnership Termination Statement

Student Information

Last Name	First Name	M.I.	Phone Number
Street Address			E-mail Address
City	State	Zip Code	

Domestic Partner Information

Last Name	First Name	M.I.
Street Address		E-mail Address
City	State	Zip Code

Termination of Partnership

I _____ am no longer entered into a domestic partnership with
Carnegie Mellon Student

_____, as defined by Carnegie Mellon University's
Registered Domestic Partner of Student

Registration Statement of Domestic Partnership that I signed and dated on ____/____/____.
Date filed

I have mailed a copy of this Termination Statement to my former domestic partner on

____/____/____. at the address listed above for my domestic partner.
Date filed

Signature

I declare that the above statements to be true and correct.

_____/____/____
Student Name (Please Print) Student Signature Date

This form will be submitted to Enrollment Services for revocation of ID Card. The student must fill out a separate health insurance change form available at the University Health Services Office for termination of health insurance for the domestic partner.

Carnegie Mellon University reserves the right to modify, amend, or terminate any or all of the provisions of this Domestic Partner policy and these administrative procedures at any time for any reason upon action by the University. Notwithstanding any of the prior statements, in all cases University policies will govern.

For Official Use Only

_____/____/____
Dean of Students or Designee Signature Date