

Termination Statement of Domestic Partnership of Carnegie Mellon University Student  
**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  
Student's Name

\_\_\_\_\_, as defined by Carnegie Mellon University's  
Domestic Partner

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's Name Date

\_\_\_\_\_  
*Office of Student Affairs* 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 Student 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.**