

Please attach your completed form to a [Service Request](#) [here](#).

ROCHESTER INSTITUTE OF TECHNOLOGY
Statement of Termination of Domestic Partnership

I certify the following:

1. _____ and I are no longer domestic partners as of _____.
2. I make and file this Statement of Termination in order to cancel the Affidavit of Domestic Partnership filed by me with Rochester Institute of Technology on _____.
3. It is understood that by filing the Statement of Termination any benefits that have been extended to a domestic partner and/or a dependent child(ren) of a domestic partner will cease.
4. I mailed my former domestic partner a copy of this notice at:
_____ on _____.

I declare, under penalty of perjury, that the above statements are true and correct.

Signed _____

Print Name _____

Address _____

Date _____