Davidson College

Statement of Termination of Spousal Equivalency

l,	, st	ate the following:	
(Em	ployee Name)		
1.	and I are no longer domestic partners or spousal equivalents as defined in my <i>Affidavit of Spousal Equivalency</i> (the "Affidavit"), an original of which was executed and filed with Davidson College by me and my former domestic partner on		
2.	I make and file this Statement of Termination in order to cancel and revoke the Affidavit.		
3.	Via certified or registered mail, I mailed my former domestic partner a copy of this termination notice on, ata.m./p.m. A copy of the certified or registered mail card evidencing my former domestic partner's receipt of such termination notice is attached.		
l declare, ui	nder penalty of perjury, that tl	e above statements are true and correct.	
Employee Name		Date	
Address			
 City, State		Zip	

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