

**THE UNIVERSITY OF TENNESSEE  
HEALTH SCIENCE CENTER**

**Student Loan Office  
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**AFFIDAVIT FORM**

**TO WHOM IT MAY CONCERN:**

This is to certify that I (name, title, company)\_\_\_\_\_ did not endorse or receive any proceeds from the University of Tennessee Check#\_\_\_\_\_ dated \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

Subscribed and Sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 2013.

**NOTARY PUBLIC**

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**MY COMMISSION EXPIRES:**

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