

GENERAL AFFIDAVIT

| The within named person (Affiant), who is a resident of | County, State of |
|--|-----------------------------|
| , personally came and appeared before me, | , the undersigned Notary |
| Public, and makes this his/her statement and General Affidavit under o | ath or affirmation, in good |
| faith, of sincere belief and personal knowledge that the following ma | tters, facts and things set |
| forth are true and correct to the best of his/her knowledge: | |
| I declare that I have completed high school, but I am unable to obtain | a diploma or transcript. |
| By signing this document, I understand that, any untrue statement(s) of | can and will result in the |
| revocation of your ECI certification and will be reported to the State A | ttorneys General Office. |
| Dated this the day of, 20 | |
| | |
| Signature of Affiant | |
| STATE OF | |
| COUNTY OF | |
| Subscribed and sworn to, or affirmed, before me on this the day | of, 20 |
| | |
| Signature of Notary Public | |
| My Commission Expires: | |

AUG 3 2018 PR-617.01