



"Commitment to Excellence"

TOBACCO AFFIDAVIT

<i>Please type or print legibly.</i>			
NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS:	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	CONTACT PHONE NUMBER		

I confirm I have been a nonuser of tobacco or tobacco products for at least one year immediately preceding application as required by Florida State Statute 633.412.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

NOTARIZED

STATE OF FLORIDA
COUNTY OF _____

On _____, _____, _____ personally
(month and day) (year) (Applicant's Name)

appeared before me and, _____ who is personally known to me, or _____ who has provided
_____ as identification.

Notary Public Signature

Commission expires: _____

PLEASE AFFIX SEAL ABOVE