Student's Name:	
	(PLEASE PRINT
UMID:	
	(if known
NON-U.S. AFFIDAVIT OF NO	N-FILING
	. 1
I hereby declare that I am not required to and d	•
statement for the tax year 2024 and therefore, I	
official copy of any income tax statement for	
University of Michigan Law School Financia	al Aid Office
required.	
SIGNATURE	
PLEASE PRINT NAME (if different from student's r	ame)
DATE	
DATE	_
DATE SOCIAL SECURITY NUMBER (if applicable)	_