



TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY

AFFIDAVIT OF SCHOOL CLOSURE COVID-19 PANDEMIC
VALID THROUGH OCTOBER 1, 2020

Minor's Name: _____

Minor's DOB: _____

Minor's TN DLN: _____

I, _____ [parent /guardian], _____ [TN DLN] am the
parent or legal guardian of the minor listed above. I certify that _____

[name of school] is closed during the 2019-2020 school year due to the COVID-19 pandemic. The minor
is unable to obtain the required documentation related to academic progress and attendance required
by T.C.A. § 49-6-3017 and T.C.A. § 55-50-321(c)(2) due to circumstances beyond our control.

In witness whereof I have hereunto set my hand this date: _____
(Month) (Day) (Year)

(Signature of Parent/Guardian)

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public or Driver License Examiner

My commission expires: _____