



Student Name: _____

ID #: _____

This form must be completed to verify the amount of child support received in 2023 that you/your parent reported on the 2024-2025 Free Application for Federal Student Aid (FAFSA).

Child support **received by the student** for all children in 2023. \$ _____
(Don't include foster care or adoption payments.)

Child support **received by the parent** for all children in 2023. \$ _____
(Don't include foster care or adoption payments.)

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance. **Digital signatures are not accepted.**

Signature of Person
Completing This Form _____ **Date** _____