2019-2020 Child Support Received Clarification

STUDENT: __________________________  __________________________  FIDN#: A____________________

Last Name  First Name

Please clarify the amount of child support received by your parent(s) in 2017.
Enter “0” if the answer is Zero. Do not leave blank.

Total Amount of Child Support Received by your parent(s) in 2017: $__________

_______________________________  ______________________________  __________
Student’s Name (Print)  Student’s Signature  Date

_______________________________  ______________________________  __________
Parent’s Name (Print)  Parent’s Signature  Date

By signing this form, you certify the information reported above is true and accurate to the best of your knowledge. If additional information is requested, you agree to provide us with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.