

STUDENT'S Last Name

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Verification of Child Support 2026-2027

First Name

Please return this completed form to: Louisiana Tech University

Office of Financial Aid PO Box 7925 Ruston, LA 71272

STUDENT'S CWID or SSN

Please list the total amount of child support received and/or paid in the last complete calendar year. If the FAFSA is completed in 2026, list child support received and/or paid in 2025. If the FAFSA is completed in 2027, list child support received and/or paid in 2026. Please be aware that documentation of the amounts listed below may be requested at a later date. This form is to be used for Dependent and Independent Students. Please complete ONLY the appropriate sections based upon the Student's FAFSA Dependency Status.

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SECTION 1: Complete this section ONLY if the student is DEPENDENT. If the student is Independent, skip to Section 2.

Name of Person Who Received Child Support	Name of Individual Paying Child Support	Name of Child for Whom Support Was Received or Paid	Annual Amount RECEIVED	Annual Amount PAID	
Suzy Que (person receiving money)	Jimmy Senior (person paying money)	Jimmy Junior (child)	\$2000 (example)	\$2000 (example)	
SECTION 2: Complete this sec	ction ONLY if the student is INDE	EPENDENT. If the Student is D	ependent, complete	Section 1 only.	
Name of Person Who Received	Name of Individual Paying Child	Name of Child for Whom Support	Annual Amount	Annual Amount	
Child Support	Support	Was Received or Paid	RECEIVED	PAID	
Suzy Que (person receiving money)	Jimmy Senior (person paying money)	Jimmy Junior (child)	\$2000 (example)	\$2000 (example)	
NOTE: If we have reason to be such as: a copy of the separathe individual receiving the chamoney order receipts.	orksheet certifies that all of the infet. The lieuwe that the information regarding tion agreement or divorce decree the ild support certifying the amount of consely give false or misleading information.	child support is not accurate, we m at shows the amount of child supp hild support received; or copies of	ay require additional d ort to be provided; a s the child support payn	ocumentation, tatement from nent checks or	
Student Signature: (Required)			Date:		
Parent Signature: (Dependent ONLY) Date:					
Spouse Signature: (Independent ONLY) Date:					
AF2627010 Rev. 10/23/2025					