



Office of Enrollment Management

2019-2020 CERTIFICATION OF CHILD SUPPORT PAID BY STUDENT/SPOUSE

Student's Name: \_\_\_\_\_

LSU ID: 89 - \_\_\_\_\_ - \_\_\_\_\_

You indicated on the Free Application for Federal Student Aid (FAFSA) that child support was paid in the 2017 year. Please complete the following for any child in which child support was paid in 2017. Attach additional pages if needed. *(Please use only black or blue ink when completing this document.)*

**Child #1**

Name of child support was paid for: \_\_\_\_\_ Age: \_\_\_\_\_

TOTAL Amount of child support paid in 2017 for this child: \$ \_\_\_\_\_

Parent/Guardian child support was paid to: \_\_\_\_\_

Parent who paid the child support: \_\_\_\_\_

**Child #2**

Name of child support was paid for: \_\_\_\_\_ Age: \_\_\_\_\_

TOTAL Amount of child support paid in 2017 for this child: \$ \_\_\_\_\_

Parent/Guardian child support was paid to: \_\_\_\_\_

Parent who paid the child support: \_\_\_\_\_

**Child #3**

Name of child support was paid for: \_\_\_\_\_ Age: \_\_\_\_\_

TOTAL Amount of child support paid in 2017 for this child: \$ \_\_\_\_\_

Parent/Guardian child support was paid to: \_\_\_\_\_

Parent who paid the child support: \_\_\_\_\_

By signing this statement, we certify that all information on this form is complete and correct. **\*If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**Note: Electronic signatures will not be accepted.**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_