



Office of Enrollment Management
Financial Aid & Scholarships

2018-2019 CERTIFICATION OF CHILD SUPPORT PAID BY PARENT

Student's Name: _____ LSU ID: 89 - _____ - _____

Your parent(s) indicated on the Free Application for Federal Student Aid (FAFSA) that they paid child support in the 2016 year. Please complete the following for any child in which child support was paid in 2016. 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 2016 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 2016 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 2016 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.

Parent #1's Signature: _____ Date: _____

Parent #2's Signature: _____ Date: _____