

Child Support Verification Worksheet 2014-2015

LIU Brooklyn & Hudson Campuses

Office of Integrated Student Financial Services 1 University Plaza Room S-310, Brooklyn, NY 11201 Tel: 718 488-1037 Fax: 718 488-3343

Email: <u>isfs@brooklyn.liu.edu</u>
Web: <u>www.liu.edu/brooklyn/Financial-services</u>

LIU Post, Riverhead, and Brentwood Campuses

Office of Student Financial Services 720 Northern Blvd, Kumble Hall, Brookville, NY 11548 Tel: 516 299-2323

Fax: 516 299-2721 Email: post-sfs@liu.edu Web: www.liu.edu/post/finaid

act Name	First Namo		LILLID Number		
ist Name	First Name	MI	LIU ID Number		
Street Address (Include Apartment Letter/Number)			Date of Birth		
ty	State	zIP Code	E-Mail Address	E-Mail Address	
me Phone Number (Include Area Code)			Cell Phone Number or Alternate Phone Number		
B. Child Support Paid					
ne of the parents included in the household whom the child support was paid, the nan hild. If more space is needed, provide a sepa Name of Person Who Paid Chil	nes of the children for whom the chi arate page that includes the student	ld support was paid, 's name and ID numb	and the total annual amount of child su		
Support	Support Was		Support Was Paid	Support Paid In 2013	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
ote: If we have reason to believe that the ir A copy of the separation agreement or di A statement from the individual receiving receipts.	ivorce decree that shows the amoun	it of child support to	be provided;		
C. Certifications and Signatures					
Each person signing this worksheet certifies that all of the information on it is complete and correct.			WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.		
(Student's Signature)			(Date)		
(Parent's/Spouse's Signature)			(Date)		