



LEHIGH UNIVERSITY®

2023 Verification of Child Support

Student Name: _____ Lehigh Identification Number (LIN): _____

Email Address: _____ Date of Birth: _____

Child Support	Paid in 2023	Received in 2023
Total amount of child support:	\$ _____	\$ _____
Child support for student applicant:	\$ _____	\$ _____

For **Child Support paid**, please confirm:

- Name of Individual who paid the child support: _____
- Name of individual to whom child support was paid: _____
- Name(s) of child(ren) **AND** age(s) for whom child support was paid: _____

By my signature: I certify that the information provided is true and correct to the best of my knowledge.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____

Please submit to Lehigh University's Office of Financial Aid via the
go.lehigh.edu/finaidoccenter, by mail, or by fax (610)758-6211.
You may also contact our office at (610)758-3181 or financialaid@lehigh.edu