



# LEHIGH UNIVERSITY®

## 2014 Verification of Child Support Paid

Student Name: \_\_\_\_\_

LIN: \_\_\_\_\_

Child Support	Paid
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 Fax: (610) 758-6211 or LU FileSender at [www.lehigh.edu/financialaid](http://www.lehigh.edu/financialaid)  
You may also contact our office at (610)758-3181 or [financialaid@lehigh.edu](mailto:financialaid@lehigh.edu)