



Financial Aid Office
 1860 Lincoln Street
 6th Floor
 Denver, CO 80203
 Phone: 720-423-4700
 Financial.Aid@emilygriffith.edu
 EmilyGriffith.edu

2025-2026 Child Support Paid Verification Form

Student Name (Print): _____ Student ID#: _____

Email: _____ Phone Number: _____

Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. According to the Department of Education, before offering Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information will be corrected.

Supporting documentation must be provided for this form to be considered complete.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Total Amount of Child Support Paid in 2023
Total Amount of Child Support Paid			\$

Acceptable Child Support Paid documentation: Please check the appropriate box.

- Copy of child support payment(s).
- Notarized statement from the individual receiving the child support showing the amount provided.

By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.

 Student Signature

 Date

 Parent Signature (If Dependent Student)

 Date