Date: ____________________

Student Name: ____________________

Colgate I.D. #: ____________________

Dear Parent(s)/Student:

Federal regulations require that colleges participating in federal aid programs document and verify certain information used in calculating a financial aid award.

Please indicate in the space below the amount of child support you PAID for all children in 2014:

Please indicate the names of the children for whom you made child support payments in that year:

______________________________________          ____________________________
Parent/Guardian Signature       Date

Please send this form to Colgate’s Office of Financial Aid. Thank you for your cooperation in this matter.