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 RECEIVED for all children in 2014.

____________________________________          ____________________________
Parent/Guardian Signature       Date

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