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 2015:

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

Please indicate the name of the person to whom child support was paid:

____________________________________          __________________________

Parent/Guardian Signature                     Date

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