



## Parent – Child Support Paid

*Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.*

Student's APU ID#: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
*Last First M.I.*

**Why you're being asked to complete this form.** On the Free Application for Federal Student Aid (FAFSA), you (the parent) reported that you **paid** child support in 2015. The government requires Azusa Pacific University (APU) to confirm this information to complete your student's application for financial aid.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

\_\_\_\_\_  
**Parent Signature (Required- No electronic signature)**

\_\_\_\_\_  
**Date**

### MAILING ADDRESS

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