



# 2024-2025 Child Support Verification

Financial Aid Office  
444 Western Blvd  
Jacksonville, NC 28546-6816  
Fax: 910-455-2767  
Email: [finaid@coastalcarolina.edu](mailto:finaid@coastalcarolina.edu)

**A: Student Information**

Student's Last Name          Student's First Name          Student's M.I.          Student's CCCC ID Number

**B: Family Size Information**

Write the names of all members included in your family size in the spaces below.

Name	Age	Relationship
		<i>Self</i>

**C: Child Support Information**

Enter the amount of child support received by you, and/or anyone listed as part of your family size, during the last complete calendar year. If the answer is zero, or the question does not apply, enter 0.

Name Of Person who paid support	Name of person to whom child support was paid	Name of child for whom support was paid	Amount paid monthly

**Note:** If we have reason to believe that the information regarding child support is not accurate, we may require additional documentation, such as separation agreement, divorce decree, documentation from the State, etc.

**Certification and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (Dependent Student Only) \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.