

VERIFICATION OF CHILD SUPPORT RECEIVED
2023-2024

Student's Name: _____ USF ID or SSN: _____

To continue processing your application for financial ~~assistance~~, the following information is required. Please have your family complete the chart below ~~regarding the amount of child support received by you, your spouse and/or parents during 2021~~. List below the full name of each child and the total amount received. Please ~~refer~~ f