



# Verification of Child Support Form 2026-2027

Arizona Western College  
Office of Financial Aid  
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## Section A.

Student Full Name (please print clearly) \_\_\_\_\_ AWC ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_ Home Phone (with area code) \_\_\_\_\_ Cell Phone (with area code) \_\_\_\_\_

Name of person who paid child support (payer): \_\_\_\_\_

Relationship of payer to student: \_\_\_\_\_

## Section B.

Full name of child for whom support was paid	Child's Date of Birth (MM/DD/YYYY)	Amount paid in 2024	Full name of payee

## Section C.

By signing this form, I certify that all the information provided is complete and accurate.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date