



Verification of Child Support Form

2024-2025

Arizona Western College
Office of Financial Aid
financialaid@azwestern.edu
Phone (928) 344-7634
FAX (928) 317-6420

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 2021	Full name of payee

Section C.

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

Student signature

Date