



INDIANA UNIVERSITY  
SOUTH BEND

**Child Support Form**  
Dependent Student  
2026-2027 Academic Year

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Office of Financial Aid and Scholarships ▪ Indiana University South Bend ▪ P.O. Box 7111 ▪ South Bend, IN 46634-7111  
Phone: (574) 520-4357 Fax: (574) 520-5561 Email: sbfinaid@iu.edu Website: financialaid.iusb.edu  
Securely upload required documents/forms: go.iu.edu/FAsecure

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
(Please Print) Last First Middle

If anyone included in the household received or paid child support in 2024, complete the table below.

Person Who Paid Child Support	Person to Whom Child Support Was Paid	Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Annual Amount of Support RECEIVED in 2024	Annual Amount of Support PAID in 2024

The child support reported on the FAFSA was listed in error. I, the student, or one or both of my parents did not receive or pay child support in 2024.

**Certification and Signatures:** Each person signing this form certifies that all the information reported is complete and correct. If asked, I will provide documentation of the payment of child support. The student and one parent must sign and date the form. **Warning** If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_