

Northeastern University Student Financial Services

354 Richards Hall
360 Huntington Ave
Boston, MA 02115 studentfinance.northeastern.edu

2026-2027 Child Support Clarification Form

Student's Name: _____ NU ID: _____

Instructions: Please enter the total amount of child support that each parent received for the last complete calendar year for each child.

Parent who received child support	Parent who paid child support	Name of child for whom support was paid	Age of child	Amount of support paid for the year
				\$
				\$
				\$
				\$
				\$
				\$
Total Child Support Received for all Children				\$

Certification

By signing this form, I certify that the information reported on this form is complete and correct. Please note, electronic signatures are not accepted.

Student's Signature: _____ Date: _____

Parent's Signature (if dependent): _____ Date: _____