

LAST NAME _____

FIRST NAME _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____

ANDREWS UNIVERSITY ID NUMBER _____

STUDENT'S EMAIL ADDRESS _____

TELEPHONE/MOBILE _____

> Did you or anyone in your household pay child support in 2014?

☐ Yes

☐ No

If you answered yes, list children living outside of the household for whom child support was paid.

CHILD #1	CHILD #2	CHILD #3
Child's name	Child's name	Child's name
Child's age	Child's age	Child's age
Amount paid \$	Amount paid \$	Amount paid \$
Paid to	Paid to	Paid to
Payor name	Payor name	Payor name
Payor signature	Payor signature	Payor signature

STUDENT _____

DATE _____

Mail to: Andrews University
Office of Student Financial Services
4150 Administration Drive
Berrien Springs, MI 49104-0750

Fax to: 269.471.3228
Phone: 269.471.3334
Web: www.andrews.edu/SF
Email: sfs@andrews.edu