



2015-2016 Child Care Expense Verification Form

Office of Financial Aid and Veteran Services

7101 University Ave, Texarkana, TX, Telephone: 903.334.6601 Fax: 903.223.3140

finaid@tamut.edu

Office Use Only
CHCE

STUDENT'S NAME: _____ CWID: _____

In order to make adjustments to your financial aid file concerning child care, you must complete the form and return back to the Office of Financial Aid & Veteran Services.

<p>To be completed by the facility or individual providing child care. This information MUST be completed.</p>	<p>Name: _____</p> <p>Telephone Number: _____ EIN: _____</p> <p>Signature: _____</p>
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Child Care provided during: **Fall** **Spring** **Summer** **Other**

Name of child	Age	Cost / month	OR	Cost / week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To the student: State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you

Student Signature _____ Date _____