



Office of Financial Aid
 Box 45011
 Lubbock, TX 79409-5011
 (806)742-3681

Child Care Expense Verification Form

Name _____
Last Name
First Name
Middle/Maiden Name

Address _____ Phone# _____
Street Address/P.O. Box, Apt #
City
Zipcode

Social Security Number _____

Spouse's Name (if spouse is currently attending Texas Tech University) _____

Spouse's Social Security Number _____

The information on this form is used to validate childcare expenses for audit purposes. The name, address, telephone number and signature of the provider must be completed.

Child Care Facility/Individual Providing Care:

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____

Child Care provided during: Fall 20 _____ Spring 20 _____ 1st summer 20 _____ 2nd summer 20 _____

Child Care Provided For:

<u>Name of Child</u>	<u>Age</u>	<u>#hrs/day</u>	<u>#hrs/wk</u>	<u>Cost/MO</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Monthly Charge \$ _____

 Signature of Provider/Contact

*Notice Concerning Your Information: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that Texas Tech University collects about you. It also gives you the right to request a copy of that information and to have the University revise any information that is incorrect. You may request this information by contacting the office possessing such information. *

******* CERTIFICATION *******

All of the information on this form is true and complete to the best of my knowledge. I give permission to Texas Tech University, Office of Student Financial Aid to verify the information on this form with the childcare provider named above.

 Student's Signature

 Date