

DATE: _____

VERIFICATION: Confirmation of Child Support Paid by Student/Spouse

We have received your Free Application for Federal Student Aid (FAFSA). We are required to verify any child support paid by your or your spouse. Please complete the items below for each person to whom child support was paid. Once completed, please sign and return this form to the address or fax number provided at the top of this form.

RECIPIENT 1

1. Name of person to whom child support was paid: _____
2. Total amount of child support paid to person during ____ : \$ _____
 (last tax year)
3. Name of child or children for whom child support was paid: _____

RECIPIENT 2 (If applicable)

1. Name of person to whom child support was paid: _____
2. Total amount of child support paid to person during ____ : \$ _____
 (last tax year)
3. Name of child or children for whom child support was paid: _____

RECIPIENT 3 (If applicable)

1. Name of person to whom child support was paid: _____
2. Total amount of child support paid to person during ____ : \$ _____
 (last tax year)
3. Name of child or children for whom child support was paid: _____

-OR-

☐ No child support was paid by student or spouse.

By signing below, we certify that all information on this form is complete and correct.

Student

Date

Spouse

Date

Revised 07/2015