2016-2017 Dependent Student Child Support Paid Form

Student’s Name: ___________________________________  Student ID #: _______________________

You indicated on your FAFSA that your parent(s) paid child support to another household during 2015. Please complete the information below. **Do not** include support for children included in your household as reported on the FAFSA.

My parent(s) paid child support to another household during 2015 (please check one):

- [ ] Yes
- [ ] No

- If Yes, complete the next section, sign and return the form.
- If No, skip the next section, sign and return the form.

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Note: If we have reason to believe that the information regarding child support paid is not accurate, additional information may be required.

**Certification**

All of the information on this form is true and complete to the best of my/our knowledge. If asked by an authorized official, I/we agree to provide whatever documentation may be necessary to verify the information listed above.

_________________________________  ____________________
Student’s Signature                Date

_________________________________  ____________________
Parent’s Signature                 Date

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