CHILD SUPPORT PAID FORM  
2015-16

Student Name_________________________________________Student ID________________

You have indicated on your FAFSA that you and/or your spouse (independent student) or your parent(s) (dependent student) paid child support during the calendar year 2014. Please complete this form and provide the relevant signatures. If further documentation is required, you will be notified.

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1) Children for whom child support was paid:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Child’s Name</th>
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2) Name of person(s) who paid the child support __________________________________________

3) Name of person to whom child support was paid _________________________________________

4) Total amount child support paid for all children during 2014 $ _______________________

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The person(s) listed above in 2) must sign below certifying that the information on this form is accurate.

Student ___________________________________________________________ Date __________

Student’s Spouse ____________________________________________________ Date __________

Student’s Parent ____________________________________________________ Date __________

Rev 12/12