CHILD SUPPORT PAID FORM  
2016-2017

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 2015. 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 2015 $__________________

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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