



Student Name: \_\_\_\_\_ FRC ID: \_\_\_\_\_

Part of your verification process is to verify if any person in your parent's household paid child support during the 2015 calendar year. On your 2017-18 Free Application for Federal Student Aid (FAFSA) you indicated that you or your parent(s) **paid child support** during 2015.

Please complete either Section A OR Section B, sign, date and submit form to the Financial Aid Office.

**VERIFICATION OF CHILD SUPPORT PAID**

**Section A**

One of the parents included in the household or the student paid child support in 2015. List below the name(s) of the person(s) who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, the age of the child for whom support was paid and the total annual amount of child support that was paid in 2015 for each child. **Please note: if FRC has conflicting information regarding child support paid, additional documentation may be requested.**

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Age of Child for Whom Support Was Paid | Amount of Child Support Paid in <u>2015</u> |
|---------------------------------------|---|---|--|---|
|                                       |   |   |  |   |
|                                       |   |   |  |   |
|                                       |   |   |  |   |
|                                       |   |   |  |   |

**Section B**

I made an error on my FAFSA and **NO ONE** in my parent(s) household, including myself, paid child support during 2015.

**WARNING!** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

**Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.  
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**