**CHILD SUPPORT PAID FORM**  
2014-15

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 2013. 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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</table>

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 2013 $________________

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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