Child Support Paid Verification Form
2020–2021 Award Year

Student Information

________________________________________________________________________
Student’s Last Name    First Name    M.I.    T-Number
________________________________________________________________________
Street Address (include apt. no.)    Date of Birth
________________________________________________________________________
City    State    Zip Code    Phone Number

Child Support Paid: Did someone in your family (as listed on FAFSA) pay child support in 2018?  □ Yes  □ No

*If you answered Yes to the question above, and you, your parent (if dependent) or your spouse (if married) indicated on the FAFSA that child support was paid, please complete the information below.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name and Age of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification and Signatures
Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If you are a dependent student, at least one parent must sign this form. If married, your spouse’s signature is optional.

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

▪ A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
▪ A statement from the individual receiving the child support certifying the amount of child support received; or
▪ Copies of the child support payment checks or money order receipts.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

________________________________________________________________________
Student’s Signature    Date

________________________________________________________________________
Spouse’s Signature (If married)    Date

________________________________________________________________________
Parent Signature (If Dependent)    Date

Submit this worksheet to the SUU Financial Aid and Scholarship Office
351 W University Blvd, Cedar City UT 84720 • (435) 586-7735 (phone) • (435) 586-7736 (fax)

For Office Use Only: RRAAREQ Code: CHLDSP