



2016-2017 Child Support Paid Verification Form

The purpose of this form is to verify Child Support Paid for 2015. Please complete and return this form to the Financial Aid Office at 300 Fraser Purchase Road Latrobe PA 15650-2690. Fax 724-805-2953

Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____			_____
Address (permanent address, include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Telephone/Cell Number (include area code)

Child Support Paid

Did the student or parent pay child support during the calendar year 2015?

- Yes** Complete the table below.
- No** Proceed to signature section.

Dependent Student: Enter information about child support your parents paid during calendar year 2015

Independent Student: Enter information about child support you paid during the calendar year 2015

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
			\$
			\$
			\$
			\$

Sign This Form

Each person signing this form certifies that all the information reported on this form is complete and correct.

Dependent Student: Student and one parent must sign.

Independent Student: If married, 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.

_____	_____
Student's Signature	Date
_____	_____
Parent's Signature or Spouse's Signature	Date