

**INSTRUCTIONS**

Your FAFSA has been selected by the U.S. Department of Education for verification, a process which requires our office to verify specific data fields from your FAFSA. Please complete this worksheet regarding the amount of child support you or others within your reported household **paid to someone outside of your household in the 2014 calendar year**.

This information must be verified before we can apply your aid to your account; therefore we encourage you to submit all requirements within 30 days of receipt of request. For your convenience, you can [email, mail or fax](#) the documentation us.

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ UD ID# \_\_\_\_\_  
Last First MI

Permanent Address \_\_\_\_\_  
Street Address City State Zip

SSN (optional) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**VERIFICATION INFORMATION**

*Please check one:*

I hereby acknowledge that I and/or another member of this household **paid** child support in 2014 **for a child not reported within the number in the household on my FAFSA**.

I hereby acknowledge that no one within this household **paid** child support in 2014.

Name of person who paid child support:	Name of person to whom child support was paid:	Name of child the support was paid for:	Age of the child:	Total amount paid in 2014:

**Failure to provide the requested information in a timely manner may result in a loss or reduction of financial aid.**  
**Signature(s) REQUIRED**

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Spouse \_\_\_\_\_ Date \_\_\_\_\_