

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 2015 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 to 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 2015 **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 2015.

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 2015:

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 _____