2015-2016
Verification of Child Support Paid

Student’s Name: ______________________________________________ ID:__________________

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Information provided on this form will be compared to the information from your FAFSA application to verify any amount of child support PAID. Please complete and return this form to the appropriate SRSU Financial Aid Office. Failure to complete and return this form to the SRSU Financial Aid Office in a timely manner will result in a delay in the processing of your financial aid eligibility.


Name of person who PAID child support: _______________________________________________________________

Name of person who RECEIVED child support benefits on behalf of dependents:__________________________________

Please indicate amount you/spouse/parent paid to each dependent(s), as below:

Dependent’s Name: ________________________ Age of Dependent: ________ Amount paid for this Dependent:$______

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NOTE: Additional documentation may be requested if the SRSU Financial Aid Office has reason to believe the above information is not accurate. Additional documentation may include but is not limited to:
• 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.

Certification

I certify that all information is complete and correct. In accordance with federal regulations, I understand that if I purposely give false or misleading information I may be fined, be sentenced to prison, or both.

Student’s Signature __________________________ Date ____________

Parent’s or Spouse’s Signature __________________________ Date ____________

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

SUBMIT THIS WORKSHEET TO THE APPROPRIATE FINANCIAL AID OFFICE:

P.O. Box C-2  3107 Bob Rogers Drive  2623 Garner Field Road  205 Wildcat Drive
Alpine, TX 79832  Eagle Pass, Texas 78852  Uvalde, TX 78801  Del Rio, TX 78840
Phone: (432) 837-8050  Phone: (830) 758-5021  Phone: (830) 279-3008  Phone: (830) 703-4824
Fax: (432) 837-8411  Fax: (830) 758-5019  Fax: (830) 279-3009  Fax: (830) 703-4810
E-mail: fa@sulross.edu  E-mail: rgcfao@sulross.edu  E-mail: rgcfao@sulross.edu  E-mail: rgcfao@sulross.edu