

# AUGSBURG COLLEGE 2016 2017 CHILD SUPPORT PAID VERIFICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Augsburg ID: \_\_\_\_\_

Phone #: \_\_\_\_\_

Augsburg College Student Financial Services Department received the FAFSA you submitted for the 2016-2017 academic year. It was indicated that during 2015 you, your spouse, or your parent(s), paid child support. The Department of Education requires Augsburg College to obtain the information listed on this form for the purpose of confirming child support paid.

## Child Support Information (Attach additional pages if necessary)

Did you, your spouse, or parent(s) pay child support in 2015? NO \_\_\_\_\_ YES \_\_\_\_\_ **If YES**, please provide the following information:

Name of the 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
			\$
			\$
			\$
Total Child Support Paid in 2015:			\$

If you, your spouse, or your parent(s) **DID NOT** pay child support in 2015, and you mistakenly reported an amount on your FAFSA, please check the box below.

☐ I mistakenly reported child support paid on my FAFSA. I did not pay child support in 2015.  
I authorize Augsburg College to change this amount to '0' on my 2016-2017 FAFSA.

## PAYOR OF CHILD SUPPORT

By signing this worksheet, I certify that all the information reported is complete and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent signature is required for a Dependent Student)

\* Unsigned or incomplete forms will not be processed\*