



Office of Student Financial Aid

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**Confirmation of Child Support Received by Parent/Stepparent (3 Parts)**  
**2016 – 2017**

We have received your 2016-2017 Free Application for Federal Student Aid (FAFSA). We are required to clarify any child support received by a parent or stepparent in your household. Please complete the items below for each person to whom child support was received. Once completed, please sign and return this form to the address or fax number provided at the top of this form.

**Recipient Number 1**

Name of Person to Whom Child Support Was Received: \_\_\_\_\_

Total Amount of Child Support Received to Person Above During 2015: \$\_\_\_\_\_

Name of Child or Children for Whom Child Support was Received: \_\_\_\_\_

\_\_\_\_\_

**Recipient Number 2 (If Applicable)**

Name of Person to Whom Child Support Was Received: \_\_\_\_\_

Total Amount of Child Support Received to Person Above During 2015: \$\_\_\_\_\_

Name of Child or Children for Whom Child Support was Received: \_\_\_\_\_

\_\_\_\_\_

**Recipient Number 3 (If Applicable)**

Name of Person to Whom Child Support Was Received: \_\_\_\_\_

Total Amount of Child Support Received to Person Above During 2015: \$\_\_\_\_\_

Name of Child or Children for Whom Child Support was Received: \_\_\_\_\_

\_\_\_\_\_

-OR-

No child support was received by a parent or stepparent.

**By signing below we certify that all information on this form is complete and correct.**

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent**

\_\_\_\_\_  
**Date**