



Office of Student Financial Aid

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**Confirmation of Child Support Paid by Student/Spouse (3 Sections)**  
**2016 – 2017**

**Student's Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_

We have received your 2016-2017 Free Application for Federal Student Aid (FAFSA). We are required to clarify any child support paid by you or your spouse. Please complete the items below for each person to whom child support was paid. 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 Paid: \_\_\_\_\_

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

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

**Recipient Number 2 (If Applicable)**

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

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

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

**Recipient Number 3 (If Applicable)**

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

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

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

-OR-

No child support was paid by the student or spouse.

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

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

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

\_\_\_\_\_  
**Spouse**

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