



Office of Student Financial Aid

400 Magnolia Street
Orangeburg, SC 29115
Telephone: (803) 535-5334
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Confirmation of Child Support Paid by Student/Spouse (3 Sections)
2017 – 2018

Student's Name _____ **Student ID** _____

We have received your 2017-2018 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 2016: \$ _____

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 2016: \$ _____

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 2016: \$ _____

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