

Office of Student Financial Aid

400 Magnolia Street Orangeburg, SC 29115 Telephone: (803) 535-5334 Fax: (803) 535-5383

## <u>Confirmation of Child Support Paid by Parent/Stepparent (3 Parts)</u> 2016–2017

We have received your 2016-2017 Free Application for Federal Student Aid (FAFSA). We are required to clarify any child support paid by a parent or stepparent in your household. 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 a parent or stepparent.

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

Student

Date

Parent

Date