Cobleskill

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

2018-2019 Child Support Paid Verification Worksheet

Student's Last Name	Student's First Name		Student ID Number	
Student's Permanent Address	Street & Number	City/State/Zip	Student's Date of Birth	
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Student's Phone		Student's Email Address		

Child Support Paid

The student, spouse, or parent who is a member of the student's household, paid child support in **2016**. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the name(s) of the child(ren) for whom the child support was paid, and the total annual amount of child support that was paid in **2016** for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name(s) and Age of Child(ren) for Whom Support Was Paid	Amount of Child Support Paid in 2016

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; *OR*
- Copies of the child support payment checks or money order receipts.

Student Signature:	
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_____ Date: _____

Parent Signature: _____ Date: _____

Revised 11/2017