

## **VERIFICATION OF CHILD SUPPORT PAID** 2022-2023

will

Student's Name:	USF ID or SSN:		
provide the information below parents in 2020. List below twhom the child support was p	we regarding the amount of chil the full names of the persons waid, the names and ages of the mount of child support that was	ance, the following information ld support <b>paid by you, your sp</b> who paid the child support, the rechildren for whom the child support in 2020 for each child. Conformation.	ouse and/or your names of the persons to apport was paid. You w
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2020
			\$
			\$
			\$
			\$
	Total Amour	nt of Child Support Paid in 2020	\$
<ul><li>require additional documentat</li><li>A signed stateme support received;</li></ul>	tion, such as:  ont from the individual received  or  ld support payment checks, m	regarding child support paid is ing the child support certifying toney order receipts, or similar r	the amount of child
I/We certify the above informa	tion to be true and correct to the	he best of our knowledge.	
Student's Signature	Date Pare	ent (1) Signature	Date
Please return the completed form to	e.		

500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu (815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822

**Financial Aid Services**