

## Please complete in blue or black ink. Typed/electronic signatures will not be accepted.

## **Student Financial Services**

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SPU.EDU/SFS

## 2020 - 2021 CHILD SUPPORT PAID VERIFICATION FORM

STUDENT NAME:	SPU ID:			
your spouse, or one completed by the pe paid the child suppo name(s) of the childs	or both of your parents or son who <b>paid</b> child something the person the person or the	oplication for Federal States paid child support in support. Indicate belowerson to whom the child pport was paid, and the 18.	2018. The the name support v	is form is to be of the person who was paid, the
Note: FAFSA applicants	must submit tax informati	ion from <u>two</u> years prior—in	this case,	<b>2018</b> .
Name of person who paid child support	Name of person to whom child support was paid	Name of child(ren) for whom child support was paid	Age of child	Amount of child support paid
I attest that all information on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.  WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.				
Signature of Payee	Date	Phone	Email	