SEATTLE PACIFIC UNIVERSITY

Student Financial Services
P 206-281-2061 or 800-737-8826 (toll free)
E sfs-info@spu.edu F 206-281-2835
3307 Third Avenue West, Suite 114, Seattle, Washington 98119
SPU.EDU/SFS

2019 - 2020 CHILD SUPPORT PAID VERIFICATION FORM

STUDENT NAME: _____ SPU ID: _____

You indicated on your 2019-2020 Free Application for Federal Student Aid (FAFSA) that you, your spouse, or one or both of your parents paid child support in 2017. This form is to be completed by the person who **paid** child support. Indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the name(s) of the children for whom child support was paid, and the total annual amount of child support that was paid for each child in 2017.

Note: FAFSA applicants must submit tax information from **two** years prior—in this case, **2017**.

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom child support was paid	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