

STUDENT NAME:

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

2021 - 2022 CHILD SUPPORT PAID VERIFICATION FORM

SPU ID:

your spouse, or one of completed by the pers paid the child support name(s) of the children support that was paid	or both of your parents son who paid child su to the name of the per- ten for whom child sup tor each child in 201	olication for Federal Stuss paid child support in 2 upport. Indicate below the son to whom the child support was paid, and the 9.	2019. This he name support wat total annu	of the person who as paid, the ual amount of child
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	