

2015 -2016 Child Support Verification-Independent Student

| Date: | Print Student Name: | | | |
|--|--|----------------------------------|--|------------|
| | Print Spouse Name (if applicable): | | | |
| people who paid child suppor | ed in the household has indicated t AND the names of the people t was paid and the total amount | for whom child suppor | t was paid. Then list the na | mes of the |
| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Support was Pa | | |
| | The state of the s | жоррогия | | |
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| | | | | |
| *If more space is needed, provid | de a separate page. Include the stud | dent's full name on all a | dditional pages.* | |
| Please Note: If we have reas require the following docum | on to believe that the informa | tion regarding child s | upport paid is inaccurate | we may |
| be provided | upport order, separation agreeme | | | |
| • A statement from the 2014 | individual receiving the child so | upport certifying the ar | nount of child support rece | ived in |
| • Copies of the child su | apport payment checks and/or m | oney order receipts for | payments made in 2014 | |
| <u>Certifications and Signatures</u> | | | WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both. | |
| Each person signing below of | certifies that the information r | eported is complete a | nd accurate. | |
| Student's Signature: | | | | |
| Spouse Signature (optional): | | | | |

Please return this signed form by Fax 845-905-4030, E-mail <u>SFRS@culinary.edu</u>, or in person to The Student Financial & Registration Services Express Office