



Office of Student Financial Aid

400 Magnolia Street
Orangeburg, SC 29115
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Confirmation of Child Support Received by Student/Spouse (3 Parts)
2016 – 2017

We have received your 2016-2017 Free Application for Federal Student Aid (FAFSA). We are required to clarify any child support received by the student or spouse in your household. Please complete the items below for each person to whom child support was received. Once completed, please sign and return this form to the address or fax number provided at the top of this form.

Recipient Number 1

Name of Person to Whom Child Support Was Received: _____

Total Amount of Child Support Received to Person Above During 2015: \$_____

Name of Child or Children for Whom Child Support was Received: _____

Recipient Number 2 (If Applicable)

Name of Person to Whom Child Support Was Received: _____

Total Amount of Child Support Received to Person Above During 2015: \$_____

Name of Child or Children for Whom Child Support was Received: _____

Recipient Number 3 (If Applicable)

Name of Person to Whom Child Support Was Received: _____

Total Amount of Child Support Received to Person Above During 2015: \$_____

Name of Child or Children for Whom Child Support was Received: _____

-OR-

No child support was received by the student or spouse.

By signing below we certify that all information on this form is complete and correct.

Student

Date

Spouse

Date