
Student’s Name ____________________________ Student’s Cortland ID# C00________________

On the FAFSA you answered that you/your spouse or your parents (if dependent) paid child support because of divorce or separation or as a result of a legal requirement. If you reported child support paid for a child or children not included in your household size, review the below definition of child support paid, then supply the information requested below. If the amount reported was in error, check the box confirming that the amount reported was in error, sign the form, and return it to our office.

☐ Check here if there was a reporting error on the FAFSA, and there was NO Child Support Paid in 2015.

PLEASE NOTE:
Child support paid is NOT the same as Child Support received. This form is for child support PAID only.

Child Support is:
• Money paid to a separated or divorced spouse to help with the support of the child/children
• For a child/children NOT living in the same household as the student

Child Support is NOT:
• Money paid for child day care expenses
• For children living in the same household as the student

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Relationship to Student (parent, spouse, self)</th>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2015</th>
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Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received;

Certifications and Signatures:
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent (if dependent) whose information was reported on the FAFSA must sign and date.

________________________________________ ___________________
Student’s Signature      Date

________________________________________ ___________________
Parent’s Signature       Date

Return completed form to:
SUNY Cortland
Financial Aid Office
PO Box 2000
Cortland NY, 13045
FAX: (607)753-5990