



**CHADRON  
STATE COLLEGE**

Return Information to: CSC START Office  
1000 Main Street, Chadron NE 69337  
Scan & Email to: [start@csc.edu](mailto:start@csc.edu)  
Fax to: (308) 432-6474 or (308) 432-6058  
Phone: (308) 432-6060

## 2016-2017 Independent Child Support Paid Verification Form

Student's Last Name	Student's First Name	Student's M.I.	Student's NUID or Social Security #
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

- The Financial Aid Office is required to verify the accuracy of information reported on your FAFSA and to make corrections if necessary. Financial Aid Awards cannot be finalized and aid cannot be paid to the student account until verification is complete. *All verification documents should be submitted together.*

**CHILD SUPPORT PAID:**

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
			\$
			\$
			\$
			\$
			\$

- If we have reason to believe that the information provided is inaccurate we may require additional documentation, such as statements from the person receiving the child support or proof that payment has been made.

**CERTIFICATION AND SIGNATURE:**

Each person signing below certifies that all of the verification information reported is complete and correct.

**\*Electronic signatures are not accepted.\***

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail or both.**

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SPOUSE SIGNATURE (Optional): \_\_\_\_\_

DATE: \_\_\_\_\_