2016-2017 CHILD SUPPORT PAID IN 2015 – PARENT(S)

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 **FAX: (805) 756-7243** **EMAIL: financialaid@calpoly.edu**	Student Last Name: Student First Name: Phone #:　　　　　　　　**EMPL ID#:**

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for review. If awarded FWS, SEOG, or Perkins, documents must be submitted no later than June 30, 2016 to avoid potential cancelation of those funds. In all circumstances, for any aid, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

The Department of Education has selected your student's FAFSA for review in a process called Verification. One (or both) parent(s) indicated that they **paid** child support in 2015. In this process, we will be confirming information from your student's FAFSA with information we are collecting on this form. Please indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total amount of child support that was paid in 2015 for each child. If you need more space, attach a separate page that includes your student's name and Empl ID at the top.

If an error was made on the FAFSA, check the box below, sign and submit the form to the Financial Aid Office.

☐ This form does NOT apply because I did **not** pay child support in 2015.

PARENT: PLEASE COMPLETE THIS INFORMATION ABOUT CHILD SUPPORT PAID IN 2015:

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name & Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
Example: Marty Jones	*Chris Smith*	*Terry Jones 12 yrs*	*$6,000.00*

SIGN and DATE:

I certify that all information reported on this form and any attachment is true, complete, and accurate.

False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

_____　　　_____

Student Signature (Required. No electronic signature.)　　　Date

_____　　　_____

Parent Signature (Required. No electronic signature.)　　　Date