



**CHILD SUPPORT FORM**  
DEPENDENT STUDENT  
2018/2019 AID YEAR

Please complete, print, sign, and submit to campus address listed at the bottom of this form

Student Name \_\_\_\_\_ University ID Number \_\_\_\_\_  
(Please Print) Last First Middle

If anyone included in the household received or paid child support in 2016, complete the table below.

Person Who Paid Child Support	Person to Whom Child Support was Paid	Child for Whom Support was Paid	Age of Child for Whom Support was Paid	Annual Amount of Support RECEIVED in 2016	Annual Amount of Support PAID in 2016

The Child Support reported on the FAFSA was listed in error. I, the student, or one or both of my parent(s) did not receive or pay child support in 2016.

**Certification and Signatures:** Each person signing this form certifies all of the information reported is complete and correct. If asked, I will provide documentation of the payment of child support. The student and one parent must sign and date the form. **Warning:** If you purposely give false or misleading information on this form you may be fined, be sentenced to jail, or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office of Financial Aid and Scholarships • Administration Building Room 116 • 1700 Mishawaka Ave. • P.O. Box 7111  
South Bend, IN 46634-7111 • Phone: (574) 520-4357 • Toll Free Number: 1(877) 462-4872, Ext. 4357  
Fax: (574) 520-5561 • Email: sbfinaid@iusb.edu