

**SUNY Sullivan**  
 Financial Aid Office  
 112 College Road  
 Loch Sheldrake, NY 12759  
 Fax# (845) 434-0014

**Child Support Paid**

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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On the FAFSA, you reported that you the student, spouse or parent **paid** child support in 2017.

SUNY Sullivan is required by federal regulations to confirm this information in order to complete your financial aid file.

Did you (or your spouse, if married) or your parent(s) **pay** child support in 2017?  
 Yes       No

**Child Support Paid in 2017**

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

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_