



UNIVERSITY OF ALASKA FAIRBANKS
 FINANCIAL AID OFFICE
 107 EIELSON BUILDING, PO BOX 756360
 FAIRBANKS, AK 99775-6360
 (907) 474-7256 or 1-888-474-7256
 Fax Number: (907) 474-7065
 uaf-financialaid@alaska.edu

FA CHLDSP
 15-16

VERIFICATION OF CHILD SUPPORT PAID

 Name

 Student ID

 Email

 Phone

Did you (the student), the student’s spouse, or the parent(s) of a dependent student pay court-ordered child support during calendar year 2014?

YES NO

If yes, please complete the chart below:

Name of person paying child support	Name of person receiving child support	Name of child	Amount paid in 2014

NOTE: The financial aid office may ask for proof of child support paid.

Read carefully before you sign:

I hereby certify that all information contained in this document is true and correct to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for federal, state, and institutional student aid will be jeopardized. I authorize the University of Alaska Fairbanks to verify any information provided by me in this document and any other information pertaining to my financial aid eligibility.

Note: Federal regulations stipulate that suspicion of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General.

 Student Signature

 Date

 Parent Signature (required for DEPENDENT students)

 Date