
Student Name: ________________________________  Student ID# __________________

You are receiving this request because your 2014-2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a federal process called “Verification.” To satisfy this requirement, federal regulations demand that we collect all appropriate information to verify that your FAFSA data is accurate. Please provide this information by answering the questions, following the instructions below.

**Did you or any member of your household PAY child support in 2013?**

- ☐ NO – You’re done! Just sign this form and return it to the financial aid office.
- ☐ YES – Next, we need you to please provide the answers to the questions below and then sign this form and return it to the financial aid office. We will consider this information as an additional expense though we may be required to ask for documentation. Use the back of this page if you need extra space.

<table>
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<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Annual Amount of Child Support Paid</th>
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With my signature, I certify that all information reported here is complete and correct.

Student Signature: ___________________________________________ Date: __________________

Parent Signature (if dependent student) ____________________________________________

PLEASE CONTACT US WITH ANY QUESTIONS. YOU MUST RETURN THIS FORM WITH YOUR SUPPORTING DOCUMENTS.

**By Mail:**
Salem State University
Financial Aid Office
352 Lafayette Street
Salem, Ma 01970

**By Fax:** 978.542.6876

**By Email:** finaid@salemstate.edu

**In person:** 1st floor, Admin building, North Campus

NOTE: DELAY IN RESPONDING OR RETURNING THIS FORM MAY RESULT IN LOSS OF FINANCIAL AID.