2019-2020
Parent/Stepparent Child Support Paid

Please Use Black or Blue Ink

OSU Banner ID
("A" plus 8 digits)

Student Name:

We are requesting the following information because of changes you made to the parent/stepparent child support paid for the 2017 Calendar Year on your 2019-2020 Free Application for Federal Student Aid (FAFSA). We can't determine aid eligibility or disburse funds until all required documents are received and reviewed. In some cases, we must submit changes in information to the U.S. Department of Education (FAFSA processor); at that time, the student will receive communication from our office as well as a Student Aid Report from the FAFSA processor.

Please list below the name of the parent or stepparent listed on the FAFSA who paid child support, the name of the person to whom the child support was paid, the name and age of the child for whom support was paid, and the total amount paid in 2017 for that child. If child support was paid for more than one child in 2017, use subsequent lines to include that information. If child support was not paid during 2017, check the box below.

Do not list child support paid for anyone included in the “Household Size” number on the FAFSA, which would include children for whom a parent provides over half of the child’s support but who may or may not live with the parent or stepparent.

<table>
<thead>
<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>Amount of Child Support Paid in 2017</th>
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Certification/Signature:
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

_______________________________________________________________________________________________

Student’s Signature (electronic signature not acceptable) ____________________________ Date __________

Parent’s Signature (electronic signature not acceptable) ____________________________ Date __________

Printed Name of Parent Who Signed Above ____________________________

Return to:
Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061
Fax: (405) 744-6438 (if you fax, please do not mail the form)

Questions?
Email: finaid@okstate.edu
Phone: (405) 744-6604
Web: financialaid.okstate.edu

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