



## Child Support Paid

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098

[FAO.Verification@tamuc.edu](mailto:FAO.Verification@tamuc.edu)

Office Use Only  
CSPAID

STUDENT'S NAME: \_\_\_\_\_ CWID: \_\_\_\_\_

Check this box if child support was paid by you the student or the student's spouse in 2017. The student must sign this worksheet. If married, the spouse's signature is optional.

Check this box if child support was paid by parent and/or step parent of student in 2017. If child support paid information was provided for parent, then the student and one parent must sign.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name/Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2017
<i>(Example) Marty Jones</i>	<i>Chris Smith</i>	<i>Terry Jones/ age 8</i>	<i>\$6,000.00</i>

### Certification and Signature

You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

1. All of the information provided is true and complete to the best of your knowledge
2. All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce
3. Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided
4. Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
5. Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided
6. All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Spouse's Signature, if married

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Parent Signature, if dependent

\_\_\_\_\_  
Date