

Office Use Only CSPAID

Child Support Paid
Office of Financial Aid and Scholarships
P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax:
903.886.5098

FAO.Verification@tamuc.edu

UDENT'S NAME:CWID: Check this box if child support was paid by you the student or the student's spouse in 2018. The student must sign this worksheet. If married, the spouse's signature is optional.			
	support was paid by parent ar on was provided for parent, th		
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 Chile Support Paid in 2018
(Example)Marty Jones	Chris Smith	Terry Jones/ age 8	\$6,000.00
All of the information provided is true at All federal and/or state financial aid rece &M-Commerce Will notify the Office of Financial Aid & Agree to provide information requested by inflicting information on file. Acknowledge that the Office of Financia ax Return Transcript(s) and/or any other	and/or the student's spouse, if applicable, by and complete to the best of your knowledge ived as a result of the information on this for Scholarships if changes occur to the information by the Office of Financial Aid & Scholarships has the authority to very documents from other entities/agencies that are aware that purposely giving false or many complex control of the students.	orm will be used solely for purposes to mation provided ips to verify the accuracy of this complerify information requested and such in t can collaborate on the accuracy of the	eted form and/or clear formation may include Il information provided
Student's Signature	Date		_
Student's Spouse's Signature	, if married Date		_

Date

Student's Parent Signature, if dependent