



Office of Financial Aid
 8800 O Street
 Lincoln, NE 68520
 Ph: 402-437-2610
 Fax: 402-437-2402
 financialaid@southeast.edu

2019-2020 FAFSA Verification

Parent of Dependent Student – Child Support Paid

Student Name: _____ **Student SCC ID:** _____

We have received your 2019-2020 Free Application for Federal Student Aid (FAFSA). Your FAFSA was selected for review in a process called "Verification." As part of this process, Southeast Community College is required by federal regulation to collect information to verify the FAFSA is accurate. If any differences are found, we will make corrections electronically on your behalf and you will receive an updated Student Aid Report (SAR).

Please complete and return this form to the Office of Financial Aid as soon as possible. **Be sure to include your student's name and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.**

Child Support Paid:

In the chart below, please list the names of the persons who paid child support during 2017, the children for whom the child support was paid, the names of the persons to whom the child support was paid, and the total annual amount of child support that was paid in 2017 for each child.

Name of the <u>person who paid</u> the child support:	Name and age of the <u>children for whom</u> child support was paid:	Name of the <u>person to whom</u> child support was paid:	Amount of child support paid in 2017:
			\$
			\$
			\$
			\$
			\$
			\$

By signing this form, I acknowledge the following:

I/we certify that all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. *Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

Signature is **required** of at least one parent/stepparent whose information has been reported on this form.

Parent/Step-Parent signature _____ Date _____