

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

2023-2024 FAFSA Verification

Parent of Dependent Student - Child Support Paid

Student Name: _____Student SCC ID: _____

process called "Verification." As	24 Free Application for Federal Stu part of this process, Southeast Co s accurate. If any differences are fo t Aid Report (SAR).	ommunity College is required by	federal regulation to collect
SCC ID on all forms you submit to following methods: in person, faxed	m to The Office of Financial Aid as so our office. Due to data security guidel I, mailed through U.S. Postal Service cialaid. We cannot accept emailed	ines, all forms must be submitted to or electronically using our secure of	our office using one of the
	Child Suppo e names of the persons who paid chi the persons to whom the child suppo child.	ld support during 2021 the children	
Name of the <u>person who paid</u> the child support:	Name and age of the <u>children for</u> whom child support was paid:	Name of the <u>person to whom</u> child support was paid:	Amount of Child Support Paid in 2021
			\$
			\$
			\$
			\$
			\$
			\$
an authorized official, I agree purposely give false or mislea Signature is required of at least	vledge the following: nation reported to qualify for Fede to provide proof of the informati ading information, you may be fine st one parent/stepparent whose in CANNOT BE ACCEPTED ON TH	on I have given on the form. ed, sent to prison, or both. formation has been reported on	Warning: If you
Parent/Step-Parent signature:	rent/Step-Parent signature:Date: E-signatures will NOT be accepted		
•	L-signatures will NOT be accepted		