2015-2016 Murray State College
CHILD SUPPORT PAID VERIFICATION – V3

Student’s Name: ________________________________  SSN: ______________________

A. Check One of the Following:

_____ I certify that I am an independent student and that myself (or my spouse if married and my spouse was included in my household size) paid child support in 2014. I have listed in Section B the names of the persons who paid child support, the names of the persons to whom child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

_____ I certify that I am a dependent student and that one of the parents included in the household or the student paid child support in 2014. I have listed in Section B the names of the persons who paid child support, the names of the persons to whom child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

_____ I certify that I am an independent student and that no one in my family paid child support in 2014.

_____ I certify that I am a dependent student and that no one in my family paid child support in 2014.

B. If more space is needed, provide a separate page that includes the student’s name and SSN number at the top:

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C. Signature Section: I certify that all information reported to qualify for federal student aid is complete and correct. I understand that if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail or both. I understand that if the college has reason to believe that the information regarding child support is not accurate, we may require additional documentation such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

__________________________________________________________
Student Name (Please print)

____________________________________  ______________________
Student Signature  Date

__________________________________________________________
Parent Signature (Dependent Applicants Only)

____________________________________  ______________________
Date

Return to: Murray State College, Financial Aid Office, One Murray Campus, Tishomingo OK 73460
Fax 580-371-9528

Revised: 03/26/2015