

SIERRA COLLEGE

Financial Aid Office • 5000 Rocklin Rd • Rocklin CA 95677 • (916) 660-7310 • Fax (916) 630-4541

Child Support *Paid* Statement - 2012-2013

Student Last Name	First Name	M.I.	Student ID Number
Address (include apt. no.)			Date of Birth
City	State	ZIP Code	Phone Number (include area code)

This statement is to be completed and signed by the student, spouse, or parent who paid child support in 2011:

1. Name of person who paid child support in 2011:

2. Amount of child support paid in 2011:

3. Name of the person to whom child support was paid:

4. The names of the children for whom child support was paid:

_____	_____	_____
_____	_____	_____
_____	_____	_____

BY SIGNING THIS FORM, I CERTIFY THAT I PAID CHILD SUPPORT IN 2011. I ALSO CERTIFY THAT ALL THE INFORMATION REPORTED ON THIS FORM IS TRUE AND ACCURATE.

Student/Spouse's Signature: _____ Date: _____

OR

Parent's Signature: _____ Date: _____

(If you are dependent on the FAFSA)