

Student Financial Services Phone 518-255-5623 106 Suffolk Circle Cobleskill, NY 12043

Fax 518-255-5844 Financialaid@cobleskill.edu

2020-2021 Child Support Paid Verification Worksheet

Student's Last Name	Student's First Name		Student ID Number		
Student's Permanent Address	Street & Number	City/State/Zip	Student's Date of	Birth	
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Student's Phone		Student's Email Address			
	Child Supp	ort Paid			
The student, spouse, or parent below the names of the person support was paid, the name(s) amount of child support that w If more space is needed, provide	s who paid the child support of the child(ren) for whom was paid in 2018 for each child ch	t, the names of the the child support v ild.	e persons to whom was paid, and the to	the child otal annual	
ame of Person Who Paid Child Support	Name of Person to Whom Ch Support was Paid		d Age of Child(ren) Support Was Paid	Amount of Chil Support Paid in 2018	
A statement from the income OR		that shows the amou	unt of child support to	be provided;	
Student Signature: Date:					
Parent Signature			Date		