# 2016-2017 Attestation of Child Support Paid by the Parent(s) of a Dependent Student

**Student Name:** __________________________

**Student ID Number:** ______________________

## Child Support Paid Information
Please provide information regarding child support paid by one (or both) of your custodial parents (who completed your 2016-17 FAFSA) in calendar year 2015. Please include:

- the name of the person who paid the child support,
- the name of the person to whom the child support was paid,
- the names and ages of the children for whom child support was paid, and
- the total annual amount of child support that was paid in calendar year 2015 for each child.

**Note:** Do not include child support paid for children included in your household on the FAFSA

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support Was Paid</th>
<th>Name and age of Child for Whom Support Was Paid</th>
<th>Annual Amount of Child Support Paid in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>Chris Smith</td>
<td>Terry Jones - 14</td>
<td>$6,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total Amount of Child Support Paid in 2015 | $ |

## Attestation and Signatures (Required)
By signing below, we certify that all of the information reported on this form is complete and accurate. The student and at least one parent must sign. Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Additionally, if asked by Washington University, we will provide documentation of the payment of child support in calendar year 2015.

_________________________________________  _______________________
Student’s Signature                          Date

_________________________________________  _______________________
Parent’s Signature                           Date

**Please return this form to Student Financial Services**

Washington University in St. Louis, Campus Box 1041, One Brookings Drive, St. Louis, Missouri 63130-4899
(314) 935-5900, (888) 547-6670, Fax: (314) 935-4037, Email: financial@wustl.edu, Website: sfs.wustl.edu