

CHSS17 (V3)

## CHILD SUPPORT PAID VERIFICATION 2016-2017

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	Phone Number:
Student's Date of Birth:	Program/YR:

Please certify the following statement as applicable to you and your parents.

**Did one of the persons listed in your or your parent's household pay child support in 2015?**

**No**     **Yes** – If yes, please indicate the amount of any child support paid by the member of the household.

Name of Person Who Paid Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015

### Required Signature (s)

I/We certify that all the information reported to qualify for Federal Student Aid is complete and correct.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_  
(Dependent student only)

Date \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.**

Return this form to:

**The University of Mississippi Medical Center**  
**Office of Student Financial Aid**  
2500 North State Street  
Jackson, MS 39216  
[Acct-financial-aid@umc.edu](mailto:Acct-financial-aid@umc.edu)  
Print your Name and Student ID Number on All Documents. See <http://myu.umc.edu> for your Financial Aid Status