PSP21

2020-2021
Parent/Stepparent Child Support Paid

Please Use Black or Blue Ink

Student Name:	OSU Student ID ("A" plus 8 digits)								
	A								

We are requesting the following information because of changes you made to the parent/stepparent child support paid for the 2018 Calendar Year on your 2020-2021 Free Application for Federal Student Aid (FAFSA). **We can't determine aid eligibility or disburse funds until all required documents are received and reviewed.** In some cases, we must submit changes in information to the U.S. Department of Education (FAFSA processor); at that time, the student will receive communication from our office as well as a Student Aid Report from the FAFSA processor.

Please list below the name of the parent or stepparent listed on the FAFSA who paid child support, the name of the person to whom the child support was paid, the name and age of the child for whom support was paid, and the total amount **paid in 2018** for that child. If child support was paid for more than one child in 2018, use subsequent lines to include that information. If child support was not paid during 2018, check the box below.

Do not list child support paid for anyone included in the "Household Size" number on the FAFSA, which would include children for whom a parent provides over half of the child's support but who may or may not live with the parent or stepparent.

Child Support Paid for Calendar Year 2018

☐ The parent/stepparent did not pay any child support from January 1, 2018 to December 31, 2018.

Name of Person *Who Paid* Child Support	Name of Person *to Whom* Child Support was Paid	*Name of Child* for Whom Support was Paid	*Amount* of Child Support Paid in 2018
			$
			$
			$
			$
			$

Certification/Signature:

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

_____ _____

Student's Signature *(electronic signature not acceptable)* **Date**

_____ _____

Parent's Signature *(electronic signature not acceptable)* **Date**

_____

Printed Name of Parent Who Signed Above **Street Address** **City** **State** **Zip**

Return to:
Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061
Fax: (405) 744-6438 *(if you fax, please do not mail the form)*

Questions?
Email: finaid@okstate.edu
Phone: (405) 744-6604
Web: financialaid.okstate.edu

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