



North Central College
Office of Financial Aid
 30 North Brainard Street
 Naperville, IL 60540-4690
 Phone: (630) 637-5600
 FAX: (630) 637-5608
 Email: finaid@noctrl.edu

2018-19 VERIFICATION of CHILD SUPPORT PAID

Student's Name: _____ SID#: _____

A review of your financial aid application has determined we must request additional information regarding your child support paid information.

Please complete the following information:

| | |
|--|---------------------------------|
| Amount of Child Support Paid in 2016 | \$ _____ |
| Name(s) of child(ren) support was paid for in 2016 | Name(s) _____ _____ _____ |
| Name of person who PAID the child support in 2016 | Name _____ |
| Name(s) of the person(s) who RECEIVED the child support in 2016 | Name(s) _____ _____ _____ |

I / We certify the above information to be true and correct.

 Student's Signature Date

 Father's (Stepfather's) Signature Date

 Spouse's Signature Date

 Mother's (Stepmother's) Signature Date