



Office of Financial Aid
1510 Lake Rd | Dyersburg, TN 38024
financialaid@dsc.edu
Fax: 731-286-3354
Phone: 731-286-3350

2026-2027 Verification of Child Support Paid Dependent Student

Student's Name: _____ Student ID: _____

**On the Free Application for Federal Student Aid (FAFSA), you indicated that Child Support was PAID in 2024.
Verify this information by completing the form below.**

You may also be required to provide documentation to verify the amounts paid.

1 Student

_____ Yes, Child Support was **PAID** by the student in 2024.

_____ No, Child Support was **NOT PAID** by the student in 2024.

Total Amount of Child Support **PAID** in 2024: \$ _____

2. Parent(s) (including step-parent)

_____ Yes, Child Support was **PAID** by my parent and/or step-parent in 2024.

Name of the **Person Who PAID** Child Support: _____

Name of the **Person to Whom the Child Support was PAID to:** _____

Name of **Child for Whom Child Support was PAID for:** _____

Total Amount of Child Support **PAID** in 2024: \$ _____

_____ No, Child Support was **NOT PAID** by my parent and/or step-parent in 2024.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

**When you have completed this form, please return it along with all requested documents to the financial aid office.
You can either mail (1510 Lake Rd., Dyersburg, TN 38024), fax (731-286-3354), or drop off at any of our 3 locations.**

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