

Student Financial Services Phone 518-255-5623 106 Suffolk Circle Cobleskill, NY 12043

Fax 518-255-5844 Financialaid@cobleskill.edu

2023-2024 Child Support Paid Verification Worksheet

Student's Last Name	Student's First Name		Student ID Number		
Student's Permanent Address	Street & Number	City/State/Zip	Student's Date of	Birth	
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Student's Phone		Student's Email Address			
	Child Suppo	ort Paid			
The student, spouse, or parent below the names of the person support was paid, the name(s) amount of child support that v If more space is needed, prov	ns who paid the child suppor of the child(ren) for whom twas paid in 2021 for each chi	t, the names of the the child support	e persons to whom was paid, and the to	the child otal annual	
ame of Person Who Paid Child Support	Name of Person to Whom Ch. Support was Paid		d Age of Child(ren) Support Was Paid	Amount of Chil Support Paid in 2020	
• A statement from the in <i>OR</i>		hat shows the amouport certifying the	unt of child support to	be provided;	
Student Signature: Date:					
Parent Signature			Date:		