

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

Fax 518-255-5844 Financialaid@cobleskill.edu

2025-2026 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	rt Paid			
The student, spouse, or parent below the names of the person support was paid, the name(s) amount of child support that w If more space is needed, provide	s who paid the child support, of the child(ren) for whom the vas paid in 2023 for each child	the names of the child support of d.	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 Chil Support was Paid		l Age of Child(ren) Support Was Paid	Amount of Child Support Paid in 2023	
Note: If we have reason to be	lieve that the information reg	arding child sup	port paid is not acc	urate. we may	
require additional documentati	_		F F	<i>,</i>	
A statement from the income OR	agreement or divorce decree the dividual receiving the child support payment checks or money or	ort certifying the			
Student Signature:			Date:		
Parent Signature			Date:		