D					
R Student Rocket Number	Student Last Name		Student Fire	Student First Name	
	(()			
	Preferred F	Phone Number			
THE UNIVERSITY OF TOLEDO	2012-13	2012-13 Verification of Child Support Paid Worksheet			
	of the verification p	rocess mandated by t	eates that child support was paic he federal government, the Office		
Please complete this form and rinformation provided below. Ple			. You may be asked to provide do	ocumentation to support the	
Child Support Paid					
Person(s) who paid child suppor	t in 2011				
☐ Student					
☐ Parent(s)					
☐ Spouse					
☐ No child support was paid by	anyone in my hou	sehold in 2011.			
Person(s) to whom child support was paid (list each person a check was written to)		Name of each c was paid	hild for whom child support	Amount paid in 2011	
		for		\$	
		for		\$	
		for		\$	
		for		 \$	
				 \$	
		for			
NOTE: The children for whom c 2013 FAFSA.	hild support was pa		family members in the household s		
	is complete and	correct. WARNING:	of the information reported above, If you purposely give false or mis		
			RETURN TO:		
Student Signature		Date	The University of Toledo Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314		
Parent Signature		Toledo, Ohio 43606-33		J	

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.

Date

Faxed documents will not be accepted.

Parent Signature