



SUNY Potsdam OneStop/Financial Aid
 44 Pierrepont Ave Potsdam, NY 13676
 Phone: (315) 267-2943; Fax: (315) 267-3067
 onestop@potsdam.edu

Child Support Verification Form – Dependent Students

Please provide the information requested below to verify that you provided correct information on your FAFSA. We will make corrections to your FAFSA if necessary. At least one parent must complete and sign this form, attach any required documents, and submit the form to our office. We may ask for additional information. Your financial aid will be on hold until we receive and review the completed form and documentation.

_____ Student Name _____ Potsdam ID

A. STUDENT: Please report all members of your parents’ household between July 1, 2022 and June 30, 2023, including **yourself** and your **parent(s)**, and all **children and dependents** who will receive at least half of their support from your parents between July 1, 2022 and June 30, 2023.

Household member Name	Relationship to student	Date of Birth	Name of college, if attending at least half-time in 2022-2023

B. PARENT: Please report any child support paid or received in 2020 (select one option):

I am the parent of the above-named student and neither I, nor my spouse if applicable, **paid or received** child support in 2020.

I, the student’s parent, and/or my spouse **paid or received** child support in 2020. I have listed the information below. If requested, I will provide documentation of the payment of child support. *Additional children may be reported by attaching a separate page that includes the student's name and Potsdam ID.*

Name of parent who paid the child support	Name of parent who received the child support	Name of child for whom child support was paid	Amount of annual child support paid or received in 2020

_____ Parent’s Full Name (Please Print) _____ Date of Birth (month/day/year)

_____ Parent Signature _____ Date

Upload to our secure file drop location at <https://filedrop.potsdam.edu/finaid>