FINANCIAL AID OFFICE
BEDFORD CAMPUS: 591 Springs Rd ♦ Bedford, MA 01730 ♦ (781) 280-3650 ♦ FAX: (781) 280-3603
LOWELL CAMPUS: 33 Kearney Square ♦ Lowell, MA 01852 ♦ (978) 656-3242 ♦ FAX: (978) 656-3322
Office Hours: Monday – Friday 8:30 am to 5:00 pm ♦ financialaid@middlesex.mass.edu

2015-2016 CHILD SUPPORT PAID VERIFICATION DEPENDENT STUDENT

Student Name: _____ MCC ID: A_____

Please check off the campus where you want your financial aid file kept: ❑ Bedford ❑ Lowell

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) was selected by the Federal Processor for review in a process called verification. On your 2015-2016 FAFSA, you indicated that your parent paid child support in 2014. Please indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the annual amount of child support that was paid in 2014 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name and Age of Child for Whom Child Support Was Paid	Annual Amount of Child Support Paid in 2014
		Total Amount of Child Support Paid	$

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____