



Financial Aid Office  
 1355 West Highway 10, Anoka, MN 55303  
 Phone: 763.576.4760  
 Fax: 763.576.4771

**2009-2010 Child Support Verification Form**  
 (ISRS Screen IVDE)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_ **Student ID or SSN:** \_\_\_\_\_

Please list all children in your household along with any child support received or paid for each child (if applicable). Please also indicate if the child lived with you for more than half the year. If you need more space, attach a separate sheet.

**Please use yearly totals, not monthly amounts.**

Child's Name	Age	Relationship To You	Child Support Paid Jan 1 – Dec 31, 2008 (if any)	Child Support Received Jan 1 – Dec 31, 2008 (if any)	Lived with you more than half the year (Yes or No)
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

By signing this questionnaire, you are certifying that all of the information reported above is complete and correct. If asked by a school official, you agree to give proof of the information given on this form. You realize that if you do not provide proof when asked, you may not receive aid. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date