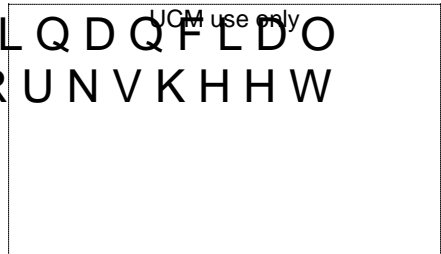


University of Central Missouri
Student Financial Services
P.O. Box 800
Warrensburg, MO 64093-5178

Phone 660-543-8266
FAX 660-543-8080
Webpage: www.ucmo.edu/sfs

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ADFS

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Student's Name (please print)

UCMID Number

Federal regulations require verification of certain responses you entered on your 20 /20 Free Application for Federal Student Aid (FAFSA). Please provide the following information and submit this document to UCM Student Financial Services.

Provide the total amounts for the 20 twelve-month calendar year (January through December):

Total child support you (and/or your spouse, if married) paid W R D Q R W K H U
person during the 20 calendar year due to a divorce R U V H \$ D D W V W V R Q W
R I D O H J D O U H T X L U H P H Q W , I Q R Q H H Q W H U

Names and ages of the children for whom this child support was paid

* U D Q V G F K R O D W K L S D Q F H reported as part of your 20 Adjuste
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