RED ROCKS COMMUNITY COLLEGE
FINANCIAL AID
13300 W 6th Ave, Campus Box 4
Lakewood, CO 80228-1295
Phone: 303-914-6256 Fax: 303-914-6805
Email: finaid@rrcc.edu

S ☐☐☐☐☐☐☐☐

Student ID Number

2014-15 Verification Worksheet for Dependent Student-Form 3

Printed Name: _____   Phone Number:_____

Entire form must be completed in black or blue ink.

Verification is a process that requires the Financial Aid Office to compare the information on this worksheet with the information reported on the Free Application for Federal Student Aid (FAFSA).

- List the total amount of child support paid for the 2013 year due to divorce or separation or as a result of a legal requirement. **Do not include support paid for children included in the household size question on the Free Application for Federal Student Aid (FAFSA).**

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name and Age of Child for Whom Support Was Paid	Total Annual Amount of Child Support Paid in 2013

Note: Additional required documentation may be requested by the Financial Aid Office.

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student Signature: _____Date:_____

Parent Signature: _____Date:_____