

Student Name \_\_\_\_\_ Banner ID + \_\_\_\_\_

Student Email \_\_\_\_\_@MiamiOH.edu Daytime Phone #: \_\_\_\_\_

For **independent** students: Did the student and/or spouse receive child support in 2018? Yes NoFor **dependent** students: Did the FAFSA parent(s) receive child support in 2018? Yes NoIf Yes, list the total amount received for all children during 2018. **Do not include foster care or adoption payments.**

\$ \_\_\_\_\_

**CERTIFICATION:** I certify that all information reported to qualify for federal student aid is complete and correct, and that purposely giving false or misleading information may lead to fines, prison, or both.\_\_\_\_\_  
Student Signature (Original, not typed)\_\_\_\_\_  
Date\_\_\_\_\_  
Parent Signature (Original, not typed)  
(Required if student is dependent)\_\_\_\_\_  
Date**Please return this form to the One Stop:**

Miami University - One Stop - 301 S. Campus Ave. - Oxford, OH 45056 513-529-0001

Email: OneStop@MiamiOH.edu - Fax: 513-529-8713 - Web: MiamiOH.edu/OneStop

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