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Tel 800 BERKLEE Fax 617 747-2073
www.berklee.edu/financial-aid
Office of Financial Aid

Certification Statement of 2011 Child Support Paid

(To be completed by the adult paying child support)

_____ **Berklee Student Name**

_____ **Social Security Number**

Name of adult paying child support: _____

Name of adult receiving child support: _____

Child's name: _____
2011 Annual Support paid: _____

Child's Name: _____
2011 Annual Support paid: _____

Child's Name: _____
2011 Annual Support paid: _____

Child's Name: _____
2011 Annual Support paid: _____

_____ **Signature of adult paying support**

_____ **Date**

Address: _____

City, State, Zip: _____

Phone No.: _____