

STATE OF OREGON, Child Support Program (CSP), by the Administrator (ORS 25.010)

County: _____ Court _____ CSP #: _____

[] Other Jurisdiction: _____ Case #: _____

Children: _____

Obligor: _____

Obligee: _____

[] Other parties: _____

School Confirmation of Enrollment - Child Attending School

ORS 107.108; OAR 137-055-5110

Student's Full Name: _____

Student ID: _____

Paying Parent: _____

CSP Case #: _____

Must Be Completed by the School

If this school contracts with the National Student Clearinghouse (NSC), the student **must** attach the Enrollment Verification Certificate from the NSC to this form.

1. Is the student enrolled in at least one-half of a fulltime course load as defined by your school?

Yes No

2. Is the student maintaining satisfactory academic progress as defined by your school?

Yes No

3. Has the student provided you with an authorization that gives your school the authority to release academic records regarding the student's enrollment status, academic progress, courses, and grades to the paying parent identified above?

Yes No

Date

Printed Name of Registrar or School Official

Name of School

Signature of Registrar or School Official

School Contact Phone Number

Signature of the Student

Send completed forms by mail, email or fax:

Division of Child Support
Child Attending School Team
4600 25th Ave NE, Suite 180
Salem, OR 97301
Telephone: 503-986-5137
FAX: (503) 986-0543
TTY: (800) 735-2900
E-mail: CAST@doj.state.or.us