PO Box 14680 Salem OR 97309 800-850-0228 OregonChildSupport.gov

## **School Confirmation of Enrollment - Child Attending School**

ORS 107.108; OAR 137-055-5110

Student's Full Name: Student ID: Paying Parent's Name: Child Support Case #:	
This form must be completed by the school and returned to the student.	
If completing this form during a regularly scheduled break, responses should be based on the student's status as of the end of the recently concluded term.	
1. Is the student enrolled in at least half of a full-time course load as defined by your school? $\Box$ Yes $\Box$ No	
2. Is the student maintaining satisfactory academic progress as defined by your school? $\hfill\Box$ Yes $\hfill\Box$ 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? (Do not indicate <i>Yes</i> if your school requires additional documentation to release information and the student has not submitted the necessary documentation.)	
☐ Yes ☐ No ☐ Additional documentation is required	
Date Pr	inted Name of Registrar or School Official
Name of School Signature	gnature of Registrar or School Official
School Contact Phone Number	
Sig	gnature of the Student (if required by the school)

Students: You must send a copy of the completed form to the Oregon Child Support Program and the paying parent unless there is an order for non-disclosure on the case. If there is an order for non-disclosure, you only need to send the required documents to us.

## Submit the completed form through your online account, or send by mail, email, or fax to:

Oregon Child Support Program PO Box 14680 Salem, OR 97309

Phone: **503-986-5137** Fax: 503-986-0543

Email: ChildSupportCAST@doj.oregon.gov