



Name _____

Empl ID _____

Date _____

2019-2020 STATEMENT - DRUG CONVICTION ELIGIBILITY

We have received information from the federal processor that your answer to Question 23 on the FAFSA indicates one of the following:

1. You have a **drug related conviction**. If this is correct, you are **not eligible** for Federal student aid unless you complete a drug rehabilitation program and provide our office with appropriate documentation. If this is incorrect, please correct your Free Application for Federal Student Aid (FAFSA) and resubmit it to the federal processor.
2. Your period of ineligibility for federal student aid, resulting from a **drug related conviction** ends on or after July 1, 2019 or on or before June 30, 2020. Therefore, you are **not eligible** for aid during the 2019-2020 academic year. If this is incorrect, please correct your Free Application for Federal Student Aid (FAFSA) and resubmit it to the federal processor.

If you have a drug related conviction and have **completed** a drug rehabilitation program, attach the appropriate documentation with this form to submit to the Office of Financial Aid.

If you do not have a drug related conviction and your FAFSA was answered incorrectly, please make the correction to your FAFSA to resubmit to the federal processor.

_____ I certify that **I have completed a drug rehabilitation program**, and have provided the appropriate documentation with this form.

_____ I certify that **I do not have a drug related conviction** and that I answered Question 23 incorrectly. I have made the correction to my Free Application for Federal Student Aid (FAFSA).

Student Signature

Date