

**Office of Financial Aid
Drug Conviction Statement**



STUDENT INFORMATION	
Student Name:	Student ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

1. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever been convicted of an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act, or under any the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If answered "Yes" to number 2 answer the following:	
2a. If you received a certificate of discharge, enter the date of when you received the certificate of discharge.	Date:
2b. If you completed your probation period, enter the date when you completed your period of probation.	Date:
* If at least two years have elapsed from the date of the receipt of discharge or completion of probation your state financial aid eligibility will not be affected.	

SIGNATURE		
By my signature:		
<ul style="list-style-type: none"> ➤ I certify the information I provided is true and correct. ➤ I understand if I fail to provide accurate information I may be required to reimburse the institution and penalties may be imposed. ➤ I also understand that it is my responsibility to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending the institution. ➤ I understand that the Financial Aid Office may request additional documentation. ➤ I understand that by completing this form, it does not guarantee eligibility to be awarded or disbursed. 		
Student Printed Name:	Student Signature:	Date:

FINANCIAL AID OFFICE USE ONLY		
Current Awards:	Remaining Amount:	Texas Resident: <input type="checkbox"/> Y <input type="checkbox"/> N
SAP: <input type="checkbox"/> Good <input type="checkbox"/> AP <input type="checkbox"/> Warn <input type="checkbox"/> Susp.	Docs Completed: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Eligible <input type="checkbox"/> Not-eligible
FAO:	Date:	

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299
Email forms to: financialaid@grayson.edu • Fax forms to: 903.463.3908

Students are **REQUIRED** to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.