



Florida Agricultural and Mechanical University

Tallahassee, Florida 32307-3100

TELEPHONE: (850) 599-3730

FAX: (850) 561-2730

Division of Student Affairs
Office of Financial Aid

Name _____ Student ID _____

Date _____

2020-2021 DRUG CONVICTION ELIGIBILITY STATEMENT

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, 2020 or on or before June 30, 2021. Therefore, you are **not eligible** for aid during the 2020-2021 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) I certify that all of the information reported above is accurate to the best of my knowledge.

Student Signature: _____

Date: _____