



Controlled Substance Restrictions Statement
Office of Financial Aid and Scholarships
P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax:
903.886.5098
FAO.Verification@tamuc.edu

Office Use Only
TXELIG

Statement of Student Eligibility

My name is _____ and I incorrectly responded YES to the question in MyLeo which states that I have been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code.

I have NOT been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act.). And I hereby certify that the information I have provided in this statement is true and correct. I understand that if I fail to provide accurate information, I may be required to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending this institution.

Student's Printed Name

Campus Wide ID

Student's Signature

Date

Notary's Certificate of Acknowledgement

APPLICANT: PRINT NAME HERE: _____

APPLICANT: SIGN HERE AS SHOWN ABOVE: _____

Before me, the undersigned authority, on this _____ day of _____, 20____, the person whose name is signed to this foregoing Controlled Substance Restrictions Statement personally appeared and, duly sworn by me, states that (s)he has read the Controlled Substance Restrictions Statement, confirmed their identify by presenting the original document whose copy appears above.

NOTARY PUBLIC SIGNATURE

SEAL