

Office of Student Financial Aid & Scholarships

One University Way San Antonio, Texas 78224 Phone: (210)784-1300 Fax: (210)784-1490

Statement of Student Eligibility

State law requires that institutions verify convictions of a felony or offenses 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. Students receiving state funds must complete the following form prior to disbursement.

Student's Information				
Last Name	First Name	M.I.	Student ID #	
Section 1–Student Eligibility				
	a felony or an offense under Chapt of another jurisdiction involving a			
	☐ Yes ☐	No		
*If your answer is yes, contact the	financial aid office to determine yo	our eligibility to receive T	EXAS Grant.	
**If you answer is no, it is your reattending the institution.	sponsibility to inform the financial	aid office if this status ch	nanges at any time while	
and is more than 30 days delinqu	cas Family Code, Title 5, Section 23 ent is not eligible to receive a state ore delinquent on court appointed	-funded grant or loan.	bligated to pay child support	
	☐ Yes ☐	No		
Certification and Signatures				
I certify that the information provided he best of my knowledge.	erein is true and correct to the	WARNING: If you purpo misleading information, to prison, or both		
Student's Signature	 Date			

in accordance with The State of Texas (TEC, 51.9095), male studer Status with their institution or other entity granting financial assis	
System, visit sss.gov.	
Please mark one option below:	
☐ I was born female and not required to register.	
☐ I was born male and am under the age of 18 and current	ly not required to register.
☐ I was born male and am REGISTERED with the Selective	e Service.
☐ I was born male and am over the age of 18. I am not regi registration with Selective Service.	stered with Selective Service and I am not exempt from
☐ I was born male and am EXEMPT from registration becabelow.)	use: (please briefly explain why you are exempt in the box
Certification and Signatures	
I hereby certify that the selective service status provided is true and correct. I understand that I must provide documentation if requested by my institution, and that I may be required to complete a new statement for each academic year for continued eligibility.	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both
Student's Signature Date	
	Office Use Only: Date Received
Please return this form to: Fexas A&M University-San Antonio Office of Student Financial Aid & Scholarships One University Way	

Section 2–Statement of Selective Service Status

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