

# Sul Ross State University

SRSU Title IV Code: 003625

## Statement Of Student Eligibility (SELIG)

Aid Year: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ OR A#: \_\_\_\_\_

Have you ever 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?

\_\_\_\_\_ **NO**

\_\_\_\_\_ **YES\***

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\*If you answer YES, contact the Financial Aid Office to determine your eligibility to receive Texas Grant.

### SUBMIT YOUR REQUEST TO THE APPROPRIATE SRSU FINANCIAL AID OFFICE:

Office of Financial Aid  
P.O. Box C-2  
Alpine, TX 79832  
Phone: (432) 837-8050  
Fax: (432) 837-8411  
E-mail: fa@sulross.edu

Office of Financial Aid  
3107 Bob Rogers Drive  
Eagle Pass, TX 78852  
Phone: (830) 758-5021  
Fax: (830) 758-5019  
E-mail: rgcfao@sulross.edu

Office of Financial Aid  
2623 Garner Field Road  
Uvalde, TX 78801  
Phone: (830) 279-3008  
Fax: (830) 279-3009  
E-mail: rgcfao@sulross.edu

Office of Financial Aid  
205 Wildcat Drive  
Del Rio, TX 78840  
Phone: (830) 703-4824  
Fax: (830) 703-4810  
E-mail: rgcfao@sulross.edu

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.