

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:

Center for Enrollment Services
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.