

Due to new state law, this document must be completed, signed, and returned to the Amarillo College Financial Aid Office.

It may also be mailed or faxed to:

AMARILLO COLLEGE

P. O. Box 447

Amarillo, Texas 79178

PHONE: (806) 371-5000 FAX: (806) 371-5371

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?

*Yes _____

No _____

*If your answer is yes, contact the Financial Aid Office to determine your eligibility to receive any state awarded funds.

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

**By signing this form, you agree that it is your responsibility to advise Amarillo College immediately if there is a change in your status regarding the above statement in the future.

Student's printed name

Student ID

Student's signature

Date