**Drug Conviction Resolution**

**Academic Year**

2020-2021

If you need assistance with completing this form, please contact our office at 855-270-5080 or students.asu.edu/contact/financialaid.

### Student Information

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<th>Last Name</th>
<th>First Name</th>
<th>Middle I.</th>
<th>10-Digit ASU ID</th>
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<th>Zip Code</th>
<th>Daytime Phone Number</th>
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### Purpose

You are required to complete this task because:

1. You left the drug conviction question 23 on your FAFSA blank.

OR

2. You reported that you have been convicted of any offense under federal or state law involving the possession or sale of a controlled substance while you were receiving federal student aid (such as grants, loans or work-study) on your FAFSA.

### Instructions

1. This form will not be processed if any items are left blank or illegible.
2. Please type or print clearly using blue or black ink only.
3. If clarification of your situation is necessary, additional information or documentation may be required.
4. Submit this form and supporting documentation by mail to P.O. Box 870412, Tempe, AZ 85287-0412, in person to any Financial Aid and Scholarship Services locations, or upload to https://students.asu.edu/forms/fa-misc-verification/2021

### Section A: Circumstances

Please check the box that indicates the appropriate circumstance and complete the instructions listed.

- I left question 23 on my FAFSA blank or answered the question in error
  - Please make a correction to your FAFSA at fafsa.gov. Allow 3 to 5 business days for ASU to receive your FAFSA correction, then check your Financing Tasks on My ASU for updates.

- I answered question 23 on my FAFSA correctly
  - Attach a completed copy of the Student Aid Eligibility worksheet: students.asu.edu/forms/drug-conviction-resolution/2021
  - If you need help completing the worksheet, call 1-800-4-FED-AID

### Section B: Student Certification and Signature

**Certification:** I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

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<th>Student's Signature</th>
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