

**FORM 12 - IDAHO STATE UNIVERSITY
DRUG ABUSE CLEARANCE**

09-10

12-10

On your 2009-2010 FAFSA, there was a question concerning a drug related conviction. Either you left it blank or indicated you had a drug related conviction. You can correct this answer by going to www.fafsa.ed.gov with your US Department of Education PIN and submitting a correction or by returning this completed form to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755**

Student Name: _____
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #): _____ Social Security #: _____

Telephone: _____ Email: _____

1. **Have you ever received federal student aid?**
_____ No If No, change your answer to question 23 to "1," and sign and send us your SAR.
_____ Yes If Yes, go to question 2.
2. **Have you been convicted for possessing or selling illegal drugs?** Only include federal and state convictions. Do not count any convictions that have been removed from your record or occurred before you turned age 18, unless you were tried as an adult.
_____ No If No, change your answer to question 23 to "1," and sign and send us your SAR
_____ Yes If Yes, go to question 3
3. **Did the offense for possessing or selling illegal drugs occur during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study)?**
_____ No If No, change your answer to question 23 to "1," and sign and send us your SAR
_____ Yes If Yes, go to question 4.
4. **Have you completed an acceptable drug rehabilitation program since your conviction?**
An acceptable drug rehabilitation program must include at least 2 unannounced drug tests, and:
be qualified to receive funds from a federal, state, or local government or from a federally-or-state licensed insurance company; **OR** be administered or recognized by a federal, state or local government agency or court, or a federally or state-licensed hospital, health clinic or medical doctor.
_____ Yes If Yes, change your answer to question 23 to "1," and sign and send us your SAR
_____ No If No, go to question 5.
5. **Do you have more than two convictions for possessing illegal drugs?** Only count convictions for offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study).
_____ Yes If Yes, change your answer to question 23 to "3," and sign and send us your SAR
_____ No If No, go to question 6.
6. **Do you have more than one conviction for selling illegal drugs?** Only count convictions for offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study).
_____ Yes If Yes, change your answer to question 23 to "3," and sign and send us your SAR
_____ No If No, go to question 7.
7. **Write the date of your last conviction for possessing illegal drugs here:** _____
If you have no convictions for possessing drugs, skip to question 9. mm/dd/yyyy
8. **If you have only one conviction for possessing drugs, add one year to the date in question 7 and write that date here:** _____
If you have two convictions for possessing drugs, add two years to the date in question 7 and write that date here: mm/dd/yyyy
9. **Write the date of your last conviction for selling illegal drugs here:** _____
If you have no convictions for selling drugs, skip to question 11. mm/dd/yyyy
10. **If you have only one conviction for selling drugs add two years to the date in question 9, and write that date here:** _____
mm/dd/yyyy
11. Look at the dates you wrote in questions 8 and 10. If there is only one date, copy that date here. If there are two dates, write the later one here. This is your "**eligibility date.**" _____

CERTIFICATION: I certify the information provided on this form is true and complete to the best of my knowledge.

Student Signature: _____

Date: _____