

Selective Service Documentation

STUDENT NAME: _____ **DATE:** _____

Students who are required to register with the Selective Service must do so to be eligible for Federal Student Aid. Selective Service was unable to confirm your registration status.

DIRECTIONS: Complete and return this form and required documentation listed in **Section 1** to the Office of Financial Aid if you are registered with Selective Service. If you are not required to register with Selective Service, check all boxes in **Section 2** which apply to you and return this form and required documentation to the Office of Financial Aid.

Section 1: Provide the following documentation if you are registered with Selective Service:

I AM REQUIRED TO REGISTER WITH SELECTIVE SERVICE:

Provide one of the following documents to the Office of Financial Aid:

1. A copy of your Selective Service Registration Card.
2. A copy of your Selective Service registration acknowledgment (available after registration with Selective Service at www.sss.gov).
3. A copy of your DD214 – Member 4 Copy (Certificate of Release or Discharge from Active Duty).

Section 2: Complete this section if you are not required to register with Selective Service:

I AM NOT REQUIRED TO REGISTER WITH SELECTIVE SERVICE DUE TO ONE OF THE FOLLOWING:	
<input type="checkbox"/>	I am on active duty in the armed services.
<input type="checkbox"/>	I had not reached my 18 th birthday at the time I completed my FAFSA.
<input type="checkbox"/>	I was born before 1960.
<input type="checkbox"/>	I am a citizen of the Republic of Palau, the Republic of the Marshall Island, or the Federated States of Micronesia.
<input type="checkbox"/>	<p>I did not register before my 26th birthday; I have attached both items below to this form:</p> <ol style="list-style-type: none"> 1. A copy of my Selective Service Status Information Letter. Learn more about this letter at www.sss.gov/verify/sil/ or call (847) 688.6888. 2. A personal statement explaining why I did not register.

CERTIFICATION: (Provide required signature and PUID)

Sign and date this form certifying that the information provided is complete and correct.

➔ Student Signature: _____ Date: _____

➔ PUID: _____ Office Use Only – RRAAREQ: NSASEL_(R)