SELECTIVE SERVICE REGISTRATION VERIFICATION

2010-2011 SELECTIVE SERVICE REGISTRATION VERIFICATION

Student Name: ____________________________ Day Time Phone Number: ____________________________
Campus ID: ____________________________

PLEASE COMPLETE USING BLACK INK

Males who are 18 years or older and born after December 31st, 1959 are required to be registered with Selective Service to be eligible for federal student aid. Check the item below that best describes your status and provide the requested documentation.

Please check appropriate box and submit required documentation listed below:

☐ If you are 17 years of age and want the Selective Service to register you, make a correction to your FAFSA Application and answer "YES" to the question about registering with Selective Service.

☐ You are registered with Selective Service. Attach a photocopy of the Selective Service Registration Identification Card.

☐ You are registered with Selective Service but you do not have your Selective Service Identification Card. Contact the Selective Service Office at 1-847-688-6888, or at their Website: WWW.SSS.GOV to obtain your Selective Service I.D. #. Selective Service I.D. # ____________________________

☐ I am a Veteran who is 26 years of age or older and served on active duty in the armed forces, excluding reserve forces, National Guard or Delayed Entry pool. Attach a copy of the DD Form 214 “Certificate of Release of Discharge from Active Duty”.

☐ I was 26 years of age or older when I entered the United States and did not register with Selective Service. Provide documentation such as a copy of the I-94 card of the Alien registration card that indicates your date of entry to the United States.

☐ If you are unable to provide any of the information requested from the above list, please attach both items listed below to this form, and submit the packet to our office.

1. A Status Information Letter from the Selective Service Office. You can obtain a Status Information Letter by sending a written statement with an explanation of noncompliance to the following address:

   Selective Service Office
   P.O. Box 9438
   Palatine, IL 60094-4638
   Phone: 1-847-688-6888
   
2. In addition to the Status Information Letter, attach a detailed personal statement explaining why you did not register for Selective Service.

Student Signature: ____________________________ Date: ____________________________

I certify that all the information provided by me on this form is true and complete to the best of my knowledge. WARNING: If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

Student Signature: ____________________________ Date: ____________________________