

Selective Service Registration Verification

Student's ID# _____

In order to receive Federal Student Aid, you must be registered with Selective Service if you are a male who is between the ages of 18 to 25.

Check one of the following and provide proof of Selective Service Registration:

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 registration.

I'm exempt because I'm a Female (no copies are needed)

Attach a photocopy of Selective Service Registration Identification Card.

If 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'm 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. (Provide documentation by attaching a copy of the I-94 card or the Alien registration card that indicates your date of entry to the United States OR a Selective Service Verification letter indicating that you are not required to register because you entered the United States after turning 26.)

If you are unable to provide any of the information requested from the above list, please submit a Status Information Letter from the Selective Service Office and a statement explaining why you failed to register to our financial aid office. You must send a request form to the Selective Service Office to obtain the Status Information Letter. You can download a request form from the Selective Service website (www.sss.gov) to print out, complete, and mail it to:

Selective Service Office
P.O. Box 94638
Palatine, IL 60094-4638
Phone: 1-847-688-6888

If you have not registered, and you are eligible to register because of your age, by checking this box you give the Office of Financial Aid permission to submit a correction to the processor asking that you be registered.

READ, SIGN AND 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 subject to a fine of up to \$10,000, imprisonment for up to 5 years or both.*

Student's Printed Name_____
Student's Signature_____
Date