

Selective Service Form

| Student Signa | ature Da | te | |
|--|---|--|--|
| resolve this is 1. | S. citizen or eligible non-citizen, 26 years or o sue: Please contact the Selective Service System b System, Data Management Center, P.O. Box 1825 to request a written advisory opinion fro register. | by mail (Registration Informat 94638, Palatine, IL 60094-46 | tion Office, Selective Service 338) or by phone at 1-888-655- |
| ☐ Category (| | | |
| _ | I was born before 1960. | | |
| | I have not reached my 18th birthday. | | |
| | I am in the Armed Services on active duty. A a member of the Reserves or National Guard a | | |
| certify that I | am not required to register with the Selective I am female | Service because: | |
| ☐ Category | B: | | |
| | You can also check registration, and print www.sss.gov. I am not yet registered with the Selective Se | | |
| | I have already registered with the Selective Service and I am providing your office with a copy of my registration card or a "Quick Response Letter" from Selective Service. | | |
| Category / | A: S. citizen or eligible non-citizen, who is 18, bu | t not yet 26 years of age and : | : |
| Selective Servi status. Read th immediately. S | FSA was processed, your Selective Service regice system. As a result, you must provide writh the statements below, check the boxes below since written documentation is required to reduce directly. No financial aid disbursements | ten documentation as proof on which describe your situation assolve any discrepancy, you a | of your registration or exemption, and take the appropriate action are responsible for contacting |
| Student Name | Phone # (Include Area Code) | Social Security # | SCC 7 Digit Student ID# |