



## Selective Service Verification

Student Name: \_\_\_\_\_ WSCC ID: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Federal law requires men age 18 through 25 to register with the Selective Service System. According to your Free Application for Federal Student Aid (FAFSA), the Department of Education was unable to verify your Selective Service registration or exemption. You must resolve any conflicts regarding your Selective Service status before being awarded Federal Student Aid. If you have any questions, please contact the Office of Financial Aid.

### Checkmark the statement that describes your circumstance and submit required documentation:

- I am a female or born female according to my birth certificate and I am not required to register with the Selective Service. Provide Birth Certificate or update your FAFSA and resubmit.
- I am registered with Selective Service. Attached is documentation of my registration status. If you do not have a copy of your registration, you can login to the Selective Service web page at [www.sss.gov](http://www.sss.gov) or by calling 1-847-688-6888.
- I have not reached my 18th birthday, but will register with the Selective Service within 30 days of my 18th birthday at [www.sss.gov](http://www.sss.gov)
- I was born before January 1, 1960.
- I am a veteran of active duty in the U.S, Armed Forces (National Guard or Reserves are not included). Attached is a copy of my DD-214. (Contact the Veterans Administration at 1-800-827-1000 to get a copy, if needed).
- I am not required to register for Selective Service based on the fact that I entered the United States after my 26<sup>th</sup> birthday. Attached is a copy of my date-stamped I-94 or port of entry papers.
- I was not required to register prior to meeting one of the criteria below and met the criterion for the entire time through the age of 25 and therefore qualify for a waiver:
  - \_\_\_ 1. I was unable to register due to being hospitalized, incarcerated, or institutionalized. Attach proof.
  - \_\_\_ 2. I was a commissioned Public Health Service officer on active duty or member of the Reserve of the Public Health Service on specified active duty. Attach proof.
- None of the above statements accurately describes my circumstance. I have attached a copy of my status letter acknowledging the reason for non-registration status along with a detailed explanation on the back of this page. (Please contact the Selective Service at [www.sss.gov](http://www.sss.gov) or 1-847-688-6888, to request a Status Letter.) *To obtain the "Status Information" letter please contact Selective Service at (847) 688-6888 or download the "Request for Status Information Letter" at [www.sss.gov](http://www.sss.gov). If proof of the request is submitted, the "Status Information" letter will be required at a later date.*

For more information on who must register, visit <https://www.sss.gov/register/who-needs-to-register/>

**Certification and Signature:** *By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

RETURN THIS FORM: Completed forms and documents may be dropped off in person at the WSCC Student One Stop. Or, fax 740.376.0257, scan & email [finaid@wscc.edu](mailto:finaid@wscc.edu) or mail 710 Colegate Dr., Marietta, OH 45750.

<b>OFFICE USE ONLY</b>	Date Received:        /        /	Approved: YES or NO
	FAO Signature:	Date: