Fresno City College
Financial Aid Office
1101 E University Ave
Fresno, CA 93741
Phone: (559) 442-8245
Fax: (559) 495-1840

1. Fill in 2. Print 3. Sign | Reset Form

2013 - 2014

SELECTIVE SERVICE REGISTRATION/WAIVER #34

Student's Name: _____ ID#: _____

Address: _____ Phone #: _____

_____ Date of Birth: _____

FILL OUT ONLY THE SECTION THAT APPLIES TO YOU:

I. **If you are a male U.S. citizen age 18 through 25**, you are required to register for Selective Service. If you have not yet registered, you can have the Financial Aid Office register you by completing this section of the form and returning it to the Financial Aid Office. If you have already registered, submit a copy of your Selective Service Registration card to the Financial Aid Office.

I authorize the Financial Aid Office to register me for Selective Service.

Student's Signature: _____ Date: _____

II. **If you are female OR were born before January 1, 1960,** you are NOT required to register for Selective Service. Check the box that applies to you and sign the certification below.

I am not required to register for Selective Service because:

☐ I am female

☐ I was born before 1960

I certify that the information reported on this form is complete and accurate. I also understand that if I give false or misleading information, I may be fined, sentenced to jail, or both.

Student's Signature: _____ Date: _____

III. **If you are male and did not register with Selective Service and are now over the age of 25**, you may be ineligible for certain federal or state programs and benefits, including financial aid. If the statements above do not apply to you, a Status Information Letter from Selective Service System is required before any further action on your financial aid file can be taken. Fill out the back page of this form and mail it to the Selective Service System to request a letter.

Once you get your Status Information Letter, turn in a copy along with a written and signed statement explaining why you failed to register to the Financial Aid Office. For help on filling out the Request for Status Information Letter, contact Selective Service System at 1-847-688-6888. Your call will be answered by an automated voice processing system – please refrain from pressing any numbers and an operator will soon come on the line to assist you.

REQUEST FOR STATUS INFORMATION LETTER

I am requesting a Status Information Letter. I am a male who is not registered with Selective Service. I am now twenty six years old or older, and was born after December 31, 1959.

SECTION 1:

Name: _____ _____ _____
First Middle Last

List any other names used: _____
Include any multiple last names

Current mailing address: _____
Street Address

_____
City/ State/ Zip Code

Social Security Number: _____ Date of Birth _____
Month/Day/Year

Daytime Telephone Number: _____ E-mail Address: _____

SECTION 2 - COMPLETE ALL SECTIONS THAT APPLY:

I. MILITARY - Attach a copy of your DD214 to this request (or DD Form 4 if you are still on active duty):

☐ List dates of active duty service: _____ to _____

☐ List dates of reserve duty service: _____ to _____

☐ List dates of military school service: _____ to _____

Military school attended: _____

II. INCARCERATED, INSTITUTIONALIZED, HOSPITALIZED, OR CONFINED TO HOME - Attach proof of each instance:

List dates during which you were (circle appropriate situation) incarcerated, institutionalized, hospitalized, or confined to home. For multiple dates, list all.

_____ to _____, _____ to _____, _____ to _____, _____ to _____,

III. NON CITIZEN / ALIEN - Attach copies of supporting documentation (you can request an information sheet from the Financial Aid Office or Selective Service System with detailed instructions regarding this section):

☐ Date you entered the United States for the first time: _____
month / day / year

☐ INS status at time of entry: _____.

List all alien status(es) held since entering the country and give dates: (attach separate sheet if necessary)

_____ to _____ USCIS Status: _____

_____ to _____ USCIS Status: _____

_____ to _____ USCIS Status: _____

IV. TRANSEXUAL – Attach a copy of your birth certificate to prove your gender at birth:

☐ My gender at birth was: _____

V. REASON WHY YOU FAILED TO REGISTER WITH SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 26 – This section must be filled out regardless of your reason for not registering:

SECTION 3 - Sign and date this request then send this request, together with copies of required documents and whatever other supporting information you may wish to include, to:

Selective Service System, ATTN: SIL, PO Box 94638, Palatine, IL 60094-4638

_____ _____
Signature Date

No action can be taken until we receive all of the information/documentation needed. You should retain a copy of all documents and correspondence submitted to us. You should receive a response within 4 to 6 weeks.