

## Fax: (559) 499-6024 SELECTIVE SERVICE REGISTRATION/WAIVER # 12

Student Name:		ID#:						
Address:		_ Phone #:						
		_ Date of Birth:						
FI	LL OUT ONLY THE SECTION THAT APPLIES TO YOU:							
I.	If you are a male U.S. citizen/eligible non-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 Signature:	Date:						
II. If you are female OR were born before January 1, 1960, you are NOT required to register for Service. Check the box that applies to you and sign the certification below.								
	I am not required to register for Selective Service because:							
	<ul><li>☐ I am female</li><li>☐ I was born before 1960</li></ul>							
	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 Signature:	Date:						
	Karana and and did not an airten with Colorina Coming	and an an area of 05						

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.

Page 1 of 2 02/25/2016

## **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.

ECTION 1:						
Name:First						
First List any other names used:		Middle  clude any multiple last names		Last		
Current mailing address:		riple last names				
<b>0</b>	Street Address					
	City/ State/ Zip Code		Doto	of Dirth		
-					/lonth/Day/Year	
Daytime Telephone Number:		E-mail Address:				
ECTION 2 - COMPLETE ALL SE	CTIONS THAT APPL	_Y:				
. MILITARY - Attach a copy of yo	our DD214 to this req	uest (or D	D Form 4 if	you are still o	n active duty):	
List dates of active duty se	ervice:	to				
List dates of reserve duty	service:	to				
List dates of military school	ol service:	to				
Military school attended:						
II. INCARCERATED, INSTITUTION instance: List dates during which you we confined to home. For multip	vere (circle appropriate				·	
to,			to		to	
from the Financial Aid Office or \$	ed States for the first	time:		-		
☐ INS status at time of entry List all alien status(es) hel		ountry and	I give dates: (	attach separat	e sheet if necessary)	
to	USCIS Status:					
	USCIS Status:			·		
to	USCIS Status:			<del> </del>		
IV. TRANSEXUAL – Attach a cop	y of your birth certifi	icate to pr	ove your gei	nder at birth:		
☐ My gender at birth was:	-	-	, ,			
_ , ,						
V. REASON WHY YOU FAILED TO - This section must be filled out		-	-		E AGES OF 18 AND 2	
- This section must be fined out	regardless of your re	cason ioi	not registeri	iig.		
ECTION 3 - Sign and date this r natever other supporting informa	-	•	. •	th copies of r	equired documents a	
Selective Service System, A	ΓΤΝ: SIL, PO Box 946	38, Palatir	ne, IL 60094-4	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.