

Serving Richmond and Scotland Counties

2019-2020 Selective Service Registration Status Verification

(continued on next page)

Student Name:				SSN:	
Otadont Namo	Last	First	Middle	0014.	
Address:					
P O Box	x, Route, or Street		City	State	Zip
Telephone:		E-mail:		Date of Birth:	
To receiv			requires the stuniess the stude	dent to be <u>registerent</u> nt is exempt.	ed with the
If you Are Registe	ered with the Selective	e Service:			
listed belo the require • \		or call the Selective Sion Form FSF 3-V; or egistration Form FSF	Service Office at (847)6	d Office. If you do not have or 88-6888 or 1-888-655-1825 (
If you are Not Reg	istered and meet one	e of the following ex	emptions:		
	appropriate box below n with the Selective Se			ancial Aid Office. I certify that	I am exempt from
□ I	am female.				
	am currently in the arn Guard who are not on a		e duty. (Note: does not	apply to members of the Res	erve and National
□ I	have not reached my	18 th birthday.			
□	was born before 1960				
	am a resident of the Ferritory of the Pacific I		onesia, or the Marshall	Islands, or a permeant reside	ent of the Trust
If you are Not Reg	jistered and do <u>Not</u> m	eet one of the abov	e exemptions:		
□ If	you are between the	ages of 18 and 25, yo	ou are required to regist	er with the Selective Service	at <u>www.sss.gov</u>
tl		ply attach a copy of y		that the reserve forces, Dela or Release or Discharge from	
	f you are age 26 or old hat date you first enter	•	or older when you first e	ntered the U.S., attach docun	nentation to verify
□ 1	f vou are 26 or older ar	nd entered the U.S. o	n a valid-non-immigran	t visa prior to turning age 26	and you remained in

that status until after your 26th birthday, attach documentation.

Return to: Financial Aid Office, Richmond Community College, P.O. Box 1189, Hamlet, NC 28345 Phone 910.410.1726 FAX 910.582.7102 ☐ Others (Please write a statement below) **Certification and Signature** If you are the student, by signing this application you certify that you (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education, are not in default on a federal student loan or have made satisfactory arrangements to repay it, do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, will notify your college if you default on a federal student loan and will not receive a Federal Pell Grant for more than one college for the same period of time. If you are the parent or the student, by signing this application you agree, if asked: to provide information that will verify the accuracy of your completed form to provide U.S. or state income tax forms that you filed or are required to file. Revenue Service and other federal agencies.

You also certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal

If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by the username and password, and/or any other credential and have not disclosed that username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Everyone whose information is given on this form should sign below. The student MUST sign below.

Student's Signature:	Date:	