

Serving Richmond and Scotland Counties

2021-2022 Selective Service Registration Status Verification

(continued on next page)

| Student | t Name: | | | SSN: | |
|---|---|--|----------------------------|--------------------------------|---------------------|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Last | First | Middle | | |
| Addres | S: | | | | |
| | P O Box, Route, or Street | | City | State | Zip |
| Γelepho | one: | E-mail: | | Date of Birth: | |
| Т | | aid, federal law re lective Service un | • | | ered with the |
| f you a | re Registered with the Sel | ective Service: | | | |
| | listed below, go to www.ss. the required documentation • Verification of Reg | gistration Form FSF 3-V; or t of Registration Form FSF- | ervice Office at (847)68 | | |
| f you a | re Not Registered and med | et one of the following exe | mptions: | | |
| | | below, and sign this form ar | | ncial Aid Office. I certify th | at I am exempt from |
| | I am female. | | | | |
| | I am currently in the armed who are not on active duty | services on active duty. (No.). | ote: does not apply to n | nembers of the Reserve a | nd National Guard |
| | I have not reached my 18th | birthday. | | | |
| | I was born before 1960. | | | | |
| | I am a resident of the Fede of the Pacific Islands (Pala | eral States of Micronesia, or u). | the Marshall Islands, or | r a permeant resident of th | ne Trust Territory |
| f you a | re Not Registered and do l | Not meet one of the above | exemptions: | | |
| | If you are between the age | s of 18 and 25, you are requ | uired to register with the | Selective Service at www | v.sss.gov |
| | | and are a veteran of military y of your DD-214 "Certificate | | | |
| | If you are age 26 or older a date you first entered the U | and you were 26 or older wh J.S. | en you first entered the | U.S., attach documentation | on to verify that |
| | • | entered the U.S. on a valid-n pirthday, attach documentati | • | to turning age 26, and yo | u remained in that |

| ☐ Others (Please write a statement below) | |
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| rtification and Signature | A |
| ou are the student, by signing this application you certify that (1) will use federal and /or state student financial aid or | at you nly to pay the cost of attending an institution of higher education, |
| (2) are not in default on a federal student loan or have (3) do not owe money back on a federal student grant of | made satisfactory arrangements to repay it, |
| (4) will notify your college if you default on a federal student (5) will not receive a Federal Pell Grant for more than one | dent loan and |
| ou are the parent or the student, by signing this applicatio | on you certify that all of the information you provided is true and complete to the best of ion that will verify the accuracy of your completed form. This information may include U.S. |
| u also certify that you understand that the Secretary sapplication with the Internal Revenue Service a | y of Education has the authority to verify information reported on |
| ou electronically sign any document related to the fe I/or any other credential, you certify that you are the | ederal student aid programs using an FSA ID (username and password) person identified by the username and password, and/or any other password, and/or any other credential to anyone else. If you purposely |
| o lates of misiedaling information, you may be lifted t | φ20,000, σοπε το μποστή, στ σοπτί. |
| udent's Signature: | Date: |