

Student Financial Services

500 Rutherford Avenue, Charlestown MA 02129 Phone:(617)873-0403 Fax:(617)242-0028 Email: SFSdocuments@cambridgecollege.edu Selective Service Registration Verification 2017-2018

Current federal law requires that all male recipients of federal financial aid comply with Selective Service registration provisions. Because Selective Service has not been able to confirm your registration or exemption status, you must complete one of the following steps. Once you have indicated which situation best applies to you, be sure to sign and date the Student Certification section on the back of this page. If you are unable to provide any of the documents requested, please provide a written explanation.

| Student Information | | |
|---|--|--|
| Student's Last Name Student's First Name M.I. Student ID# (or Social Security Number) | | |
| | I certify that I am registered with Selective Service. Attach copies of the front AND back of your registration confirmation from the Selective Service. | |
| | I certify that I am exempt from Selective Service registration because I am female. | |
| | I certify that I am exempt from Selective Service registration because I was born prior to January 1, 1960. | |
| | I certify that when I completed my FAFSA, I was not yet 18 years old. Note: You must register for Selective Service at the age of 18 to continue to be eligible to receive aid. | |
| | I certify that I am exempt from Selective Service registration because I first entered the United States of America after I reached the age of 26. Attach a letter explaining your circumstances AND a copy of your Arrival / Departure record (I-94) AND a copy of your biographical page of your passport AND a copy of the arrival record from your passport AND Permanent Resident Card (I-551) or Alien Registration Receipt Card (I-151). | |
| | I certify that at the age of 18 and through the age of 25 I was hospitalized, incarcerated, or institutionalized. <i>Attach appropriate documentation.</i> | |
| | I certify that I entered the United States as a lawful nonimmigrant prior to reaching the age of 26 and became an immigrant after reaching the age of 26. Attach copies of your Arrival / Departure record (I-94), passport AND Permanent Resident Card (I-551) or Alien Registration Receipt Card (I-151) AND a letter explaining your circumstances. | |
| | I am under 26 years of age and have not previously registered. Go to www.sss.gov; once you receive proof of registration from the Selective Service System, submit a photocopy of the proof along with this form. | |
| | I certify that I served on active duty in the armed forces but did not register before turning 26. Attach a copy of your Certificate of Release OR a copy of your Discharge from Active Duty (DD214). | |
| | I certify that I am not required to register because I am currently on active duty in the US armed services. Does not apply to members of the Reserve and National Guard who are not on active duty Special note: registration with SSS is still required to receive financial aid once you have been discharged. | |



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| | I certify that I am not required to register because I am a citizen of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia. Note: A citizen or national of the Republic of the Marshall Islands or the Federated States of Micronesia who lives in the United States of America for more than one year for any reason except as a student or employee of the government of his homeland must register. |
|--------|--|
| | I certify that at the age of 18 and through the age of 25, I was enrolled in an officer procurement program at The Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&M University, or Virginia Polytechnic and State University. Attach documentation of the dates of your enrollment, including information of the program in which you were enrolled. |
| | I certify that at the age of 18 and through the age of 25, I was a commissioned Public Health Service officer on active duty or was a member of the Reserve of the Public Health Service on specified active duty. Attach documentation regarding your active duty, dates of duty, rank, and location. |
| | I did not register with the Selective Service Administration by the time I reached the age of 26 for a reason other than those stated above. Contact the Selective Service System at 847-688-6888 to resolve your situation. Attach a copy of the Selective Service Administration's response AND a letter explaining why you did not register AND documentation to demonstrate your non-registration was neither willful nor intentional. |
| I cert | ation and Signatures ify that all the information reported on this worksheet is complete and correct. I/We understand that the mation on this worksheet may require further follow up from the Financial Aid Office. WARNING: If you osely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or |
| Studer | nt's Signature Date |