

Student's Signature

2018-2019 Financial Aid Selective Service Compliance Form

This form may be submitted via email, mail, fax, or in person

Office of Financial Aid 1950 Third Street La Verne, CA 91750 Phone: (800) 649-0160 Fax: (909) 448-1629 finaid@laverne.edu

STUDENT INFORMATION				
Last Name		First Name	La Verne ID or SSN	
P	PROOF OF SELECTIVE S	ERVICE REGISTRATION OR	EXEMPTION	
con req mai	nplete your application for financial ai uired to register with the Selective Ser intains a lawful visa status. Students w	d. All men who are United States citizens and vice System. A man who resides in the U.S. as ho are required to register with Selective Servi	s University of La Verne to confirm this information to non-citizens who reside in the United States, aged 18-25, are a lawful nonimmigrant is not required to register as long as he ice must do so to be eligible for federal financial aid funds. For poxes below to declare your Selective Service status:	
	I have already registered with Selective Service. Attached is a copy of my Selective Service registration. (You can print out a copy of your registration at www.sss.gov .)			
	☐ I am female and not required to register.			
	I was under the age of 18 at the time of my FAFSA submission. Therefore I am exempt from registering with Selective Service at this time.			
	I was born before 1960 and therefore I am exempt from registering with Selective Service.			
	☐ I am currently in the armed services and on active duty. Attached is proof of my armed service.			
	I am a veteran. Attached is a copy of my DD-214, military ID or active duty orders.			
	I am a non-citizen who first entered the U.S. after my 26 th birthday. Attached as proof of my immigration date into the U.S. is a copy of the entry date stamp on the I-94 Form or from my passport, and/or a letter from the USCIS indicating the entry date.			
	I am a non-citizen who entered the U.S. as a lawful non-immigrant on a valid visa and remained in the U.S. under the terms of that visa until after I turned 26 years old. Attached as proof, is a copy of my student visa form (I-20) or other valid U.S. passport visa stamp with expiration date (the dates must be from the time of U.S. entry until after you turned 26).			
	I was not required to register prior to qualify for a waiver:	as not required to register prior to meeting one of the criteria below and met the criterion for the entire time through the age of 25 and therefore alify for a waiver:		
	☐ 1. I was unable to register	due to being hospitalized, incarcerated, or insti	tutionalized. Attach proof.	
	Virginia Military Institute,	Texas A&M University, or Virginia Polytechr	n Georgia College and State University, Norwich University, nic and State University; or I was a commissioned Public Public Health Service on specified active duty. Attach proof.	
	register with Selective Service. I hav proof of the request. To obtain the "	e also requested a "Status Information" letter f Status Information" letter please contact Select	personal <u>signed</u> statement explaining the reason I did not from Selective Service and have attached a copy of the letter or ive Service at (847) 688-6888 or download the "Request for e "Status Information" letter will be required at a later date.	
C	CERTIFICATION AND SIG	GNATURE		
und	derstand that any false statements or m		is are complete and accurate to the best of my knowledge. I ction, withdrawal, and/or repayment of financial aid, and I may al Code.	

Date