

## 2019-2020 Financial Aid Selective Service Compliance Form

This form may be submitted by 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 INFORMATIO	N	
Last Name	First Name	La Verne ID or SSN
PROOF OF SELECTIVE S	SERVICE REGISTRATION O	R EXEMPTION
complete your application for financial a required to register with the Selective Semaintains a lawful visa status. Students	aid. All men who are United States citizens at ervice System. A man who resides in the U.S who are required to register with Selective Se	ires University of La Verne to confirm this information to nd non-citizens who reside in the United States, aged 18-25, are as a lawful nonimmigrant is not required to register as long as he ervice must do so to be eligible for federal financial aid funds. For the boxes below to declare your Selective Service status:
☐ I have already registered with Selection registration at <a href="www.sss.gov">www.sss.gov</a> .)	ve Service. Attached is a copy of my Selective	ve Service registration. (You can print out a copy of your
☐ I am female and not required to regis	ter.	
$\square$ I was under the age of 18 at the time	of my FAFSA submission. Therefore I am ex	tempt 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 a	and on active duty. Attached is proof of my a	rmed service.
☐ I am a veteran. Attached is a copy of	my DD-214, military ID or active duty order	S.
	he U.S. after my 26 <sup>th</sup> birthday. Attached as pr from my passport, and/or a letter from th	roof of my immigration date into the U.S. is a copy of the entry ne USCIS indicating the entry date.
	proof, is a copy of my student visa form (I-20	sa and remained in the U.S. under the terms of that visa until after 0) or other valid U.S. passport visa stamp with expiration date (the
☐ I was not required to register prior to qualify for a waiver:	meeting one of the criteria below and met the	e criterion for the entire time through the age of 25 and therefore
☐ 1. I was unable to register of	due to being hospitalized, incarcerated, or ins	titutionalized. Attach proof.
Virginia Military Institut	e, Texas A&M University, or Virginia Polyte	th Georgia College and State University, Norwich University, schnic and State University; or I was a commissioned Public the Public Health Service on specified active duty. Attach proof.
register with Selective Service. I had proof of the request. To obtain the	we also requested a "Status Information" letter "Status Information" letter please contact Sel	personal <u>signed</u> statement explaining the reason I did not er from Selective Service and have attached a copy of the letter or ective Service at (847) 688-6888 or download the "Request for the "Status Information" letter will be required at a later date.
CERTIFICATION AND SI	GNATURE	
understand that any false statements or		nents are complete and accurate to the best of my knowledge. I eduction, withdrawal, and/or repayment of financial aid, and I may ninal Code.
Student's Signature		Date