University of La Verne

2019-2020 Financial Aid Selective Service Compliance Form

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

Last 1	Name	First Name	La Verne ID Number
PR	OOF OF SELECTIVE SERV	ICE REGISTRATION OR EXEMPTION	ON
to cor 18-25 regist federa	mplete your application for finance, are required to register with the er as long as he maintains a lawfu	rial aid. All men who are United States citiz Selective Service System. A man who resicult visa status. Students who are required to r	equires University of La Verne to confirm this information ens and non-citizens who reside in the United States, aged des in the U.S. as a lawful nonimmigrant is not required to register with Selective Service must do so to be eligible for te at www.sss.gov . Check one of the boxes below to
	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 meeting one of the criteria below and met the criterion for the entire time through the age of 25 and therefore qualify for a waiver:		
	☐ 1. I was unable to regist	er due to being hospitalized, incarcerated, or i	nstitutionalized. Attach proof.
	2. 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; or I was a commissioned Public Health Service officer on active duty or a member of the Reserve of the Public Health Service on specified active duty. Attach proof.		
	I failed to register with Selective Service and am over the age of 25. Attached is a personal <u>signed</u> statement explaining the reason I did not register with Selective Service. I have also requested a "Status Information" letter from Selective Service and have attached a copy of the letter or proof of the request. To obtain the "Status Information" letter please contact Selective Service at (847) 688-6888 or download the "Request for Status Information Letter" at <u>www.sss.gov</u> . If proof of the request is submitted, the "Status Information" letter will be required at a later date.		
CE	RTIFICATION AND SIGNA	TURE	
under	estand that any false statements or		as are complete and accurate to the best of my knowledge. I reduction, withdrawal, and/or repayment of financial aid, ed States Criminal Code.
	Student's Signature		Date