SANTA FE
University of
Art and Design

Selective Service Registration Verification

Name: _____ SSN: _____

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 your exemption status, you must complete this form:

- Indicate which situation below best applies to you.
- Sign and date the Student Certification section at the bottom of the page.
- Return this form with copies of all required documentation as listed in the section you checked.

(check one)

☐ I certify that I **am registered** with Selective Service.

- Attach a copy of your registration card/registration acknowledgement.

☐ I certify that I am exempt from Selective Service registration because I am **female**.

- Attach a copy of your driver's license or birth certificate.

☐ I certify that I am exempt from Selective Service registration because I was **born prior to January 1, 1960**.

- Attach a copy of your driver's license or birth certificate.

☐ I certify that when I completed my FAFSA, I was **not yet 18 years old**.

☐ 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** and have lived in the United States for less than one year (as other than a student or employee).

- Attach proof of citizenship from the specified country.

☐ 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 DD-214/Discharge from Active Duty with a character of service other than dishonorable.

☐ I certify that I am not required to register because I am **currently on active duty in the U.S. armed services**.

- This does not apply to members of the Reserve and National Guard who are not on active duty.
- Attach a copy of your active duty military I.D. **OR** an official letter certifying your active duty status.

☐ I am under 26 years of age and have not previously registered.

- Go to www.sss.gov to register.
- Once you receive proof of registration from the Selective Service System, submit a photocopy of the proof along with this form.

If you cannot check one of the above boxes, please see page 2 of this document.

By signing this form, I certify that all information reported on this form and within the enclosed documentation is complete and correct. The misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.

Signature: _____ Date: _____

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Selective Service Registration Verification (page 2)

If you check a box below and DO NOT have ALL the required documentation, you MUST submit a SELECTIVE SERVICE STATUS INFORMATION LETTER to the Financial Aid Office for approval. To obtain a Selective Service Status Information Letter, you must contact the Selective Service System at 1-847-688-6888 or go to www.sss.gov and send in the request to Selective Service. It is currently taking Selective Service up to 135 days to process the requests.

☐ I certify that I am exempt from Selective Service registration because I first entered the United States after I reached the age of 26.
- Attach a detailed letter explaining the circumstances of why you did not register with Selective Service **AND**
- A copy of your Arrival/Departure record I-94 with the entry stamp on it showing the FIRST DATE OF ENTRY INTO THE United States **OR**
- A copy of your passport with the entry stamp on it showing FIRST DATE OF ENTRY INTO THE U.S. **OR**
- A copy of a letter from the U.S. Citizenship and Immigration Service USCIS indicating your FIRST DATE OF ENTRY INTO THE United States.

☐ I certify that at the age of 18 and the entire time through the age of 25 I was hospitalized, incarcerated, or institutionalized.
- Attach a copy of the institutional release papers.
- THIS INFORMATION MUST COVER ALL YEARS BETWEEN AGES 18 THROUGH 25 IN THEIR ENTIRETY.

☐ I certify that I entered the United States as a lawful nonimmigrant on a valid visa prior to reaching the age of 26 and remained in the United States on the terms of that visa until after the age of 26.
- Attach a detailed letter explaining the circumstances of why you did not register with Selective Service **AND**
- A copy of your passport/I-94 with the entry date stamp and nonimmigrant status **OR**
- A copy of your I-20s or a letter from the school you attended indicating full-time attendance as a non-immigrant until the age of 26
- THIS INFORMATION MUST COVER ALL YEARS BETWEEN AGES 18 THROUGH 25 IN THEIR ENTIRETY.

☐ 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 about 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 System by the time I reached the age of 26 for a reason other than those stated above.
- Attach a detailed letter explaining why you did not register **AND**
- Copies of any documentation to demonstrate your non-registration was neither willful nor intentional **AND**
- **YOU MUST OBTAIN AND SUBMIT A SELECTIVE SERVICE STATUS INFORMATION LETTER.**

By signing this form, I certify that all information reported on this form and within the enclosed documentation is complete and correct. The misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.

Signature: _____ Date: _____