STATEMENT OF REGISTRATION STATUS WITH SELECTIVE SERVICE

Student Name ___________________________ ID #: _______________________

Please Print

Complete Part A or Part B.

Part A. Exemption from Registration Requirement

I certify that I am not required to be registered with the Selective Service because I meet one of the following criteria (mark the one that applies to you and submit appropriate documentation):

_____ Non-U.S. male who came into this country for the first time after my 26th birthday
Documentation: Date of entry stamp in passport, I-94 with date of entry stamp on it, or a letter from the U.S. Citizenship and Immigration Services (USCIS) indicating the date you entered the United States. If you entered the U.S. illegally after your 26th birthday, you must provide proof that you were not living in the U.S. from age 18 through 25. Resident Alien Card (Green Card) is not valid as proof of the date of entry to the United States.

_____ Non-U.S. male on a valid non-immigrant visa
Documentation example: If you entered the United States on an F-1 student visa and remained in that status until your 26th birthday, you may provide documentation indicating that you were admitted on an F-1 visa and attended school fulltime as required. Acceptable documentation for this situation includes a copy of your I-20 form or a letter from the school you attended indicating your fulltime attendance as a non-immigrant alien. The same applies for all non-immigrant statuses.

_____ Male born prior to 1960
Documentation: Official government issued document showing date of birth such as state ID card, driver’s license, passport, birth certificate.

_____ Male veteran
Documentation: DD-214, current fulltime active duty orders, military ID card.

If you cannot provide sufficient documentation, you may request a Status Information Letter from the Selective Service via the Selective Service System Web site: www.sss.gov.

You must submit sufficient documentation or a Status Information Letter to the Office of Financial Aid before your eligibility for federal student aid may be determined.

_________________________________________ Date
Student Signature

_________________________________________ Date

Part B. Registration Information

I understand I am required to be registered with the Selective Service and have completed the requirement. Check the appropriate blank.

_____ I completed a paper registration form and mailed it to Selective Service on ________________.
A copy of the registration form must be attached to this statement. Date

_____ I registered on-line with Selective Service on ________________.
Date

_________________________________________ Date
Student Signature

Return this form to the Office of Financial Aid, 119 Tillman Hall, Rock Hill, SC 29733.