UNIVERSITY OF CALIFORNIA
UC RIVERSIDE

SELSV

2017- 2018 Proof of Selective Service Registration or Exemption

You are required to complete this form because the Department of Education was not able to verify electronically that you have met the federal requirement for all men who are United States citizens and non-citizens who reside in the United States, aged 18-25, to register with the Selective Service System.

SECTION 1: STUDENT INFORMATION

Last Name _____ First Name _____ Student Identification Number _____

SECTION 2: PROOF OF SELECTIVE SERVICE REGISTRATION OR EXEMPTION

one of the boxes below to declare your Selective Service status:

☐ I have already registered with Selective Service. Attached is **proof of my Selective Service registration,** printed out online at www.sss.gov.

☐ I am female and not currently required to register.

☐ I was under the age of 18 at the time of my Free Application for Federal Student Aid application submission.

☐ 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 active duty orders.**

☐ I am a veteran. I have attached 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 26th 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 years of age).

☐ 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 because:

- ☐ I was unable to register due to being hospitalized, incarcerated, or institutionalized. **Attach proof**.
- ☐ 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. I have completed **a personal statement** explaining the reason I did not register with Selective Service on page 2 of this form. I have also attached a Status Information Letter from Selective Service obtained by downloading the "Request for Status Information Letter" online at www.sss.gov or by calling (847) 688-6888.

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Personal Statement: _____

SECTION 3: CERTIFICATION AND SIGNATURE

By signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide further documentation that will verify the accuracy of your completed form. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

_____ _____

Student's Signature **Date**

You may scan and submit your completed form by email to finaid@ucr.edu
or by *fax to (951) 827-5619*
or *drop off at the Highlander One Stop Shop*
or *mail to UC Riverside Financial Aid Office, 900 University Avenue, Riverside, CA 92521*