



SELECTIVE SERVICE REGISTRATION STATUS VERIFICATION

Student's Name (Please Print) _____ Student's ID Number _____

Student's Social Security Number _____ Student's Date of Birth _____

To receive financial aid, federal law requires the student to be registered with the Selective Service unless the student is exempt.

IF YOU ARE REGISTERED WITH THE SELECTIVE SERVICE:

Submit a photocopy of one of the documents listed below to the Financial Aid Office. If you do not have one of the documents listed below, go to: www.sss.gov or call the Selective Service Office at (847) 688-6888 to request the required documentation.

- Verification of Registration Form FSF 3-V; or
- Acknowledgement of Registration Form FSF-3B; or
- A letter from the Selective Service

IF YOU ARE NOT REGISTERED AND MEET ONE OF THE FOLLOWING EXEMPTIONS:

Check the appropriate box below, and sign this form and submit it to the Financial Aid Office
I certify that I am exempt from registration with the Selective Service because (check one):

- My assigned gender at birth was female. Please correct my FAFSA.
- I am currently in the armed services on active duty. (Note: does not apply to members of the Reserves and National Guard who are not on active duty).
- I have not yet reached my 18th birthday.
- I was born before 1960.
- I am a resident of the Federal States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

IF YOU ARE NOT REGISTERED AND DO NOT MEET ONE OF THE ABOVE EXEMPTIONS:

- If you are between the ages of 18 and 25, you are required to register with the Selective Service at www.sss.gov.
- If you are 26 years of age or older and have not registered with Selective Service, you may complete the Selective Service Appeal on CPCC's Financial Aid Forms website.

- I have attached confirmation of my registration.
- Please register me for Selective Service.

- My full legal name is _____.
- My Social Security number is _____.
- My date of birth is _____.
- My current address is _____.

By signing below you are authorizing Central Piedmont Community College to make corrections to your FAFSA, if based on the documentation provided, any information is incorrect.

Student Signature: _____ Date _____

Parent Signature (if applicable): _____ Date _____

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.