

Student Information *(Please Print)*

Student's Last Name	Student's First Name	Student's M.I.	Student's CPCC Student ID#
Student's Street Address (include apt. no.)			Student's CPCC Email Address
City	State	Zip Code	Student's Telephone # <i>(include area code)</i>

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

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
 - Acknowledgement of Registration Form FSF-3B; or Form FSF 3-V; or
 - A letter from the Selective Service
- I have attached confirmation of my registration.

If you are male and between the ages of 18 and 25, you are required to register with the Selective Service at www.sss.gov.

Please register me for Selective Service. **(Fill in information below):**

Legal Name:	Date of Birth:								
<table style="width:100%; border: none;"> <tr> <td style="border: none;">Last</td> <td style="border: none;">First</td> <td style="border: none;">Middle</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	Last	First	Middle	_____	_____	_____	<table style="width:100%; border: none;"> <tr> <td style="border: none;">(MM / DD / YYYY)</td> </tr> <tr> <td style="border: none;">_____</td> </tr> </table>	(MM / DD / YYYY)	_____
Last	First	Middle							
_____	_____	_____							
(MM / DD / YYYY)									

Current Address:									

City	State	Zip							

IF YOU ARE UNABLE TO PROVIDE PROOF OF SELECTIVE SERVICE REGISTRATION, PLEASE COMPLETE THE SELECTIVE SERVICE APPEAL ON CPCC'S FINANCIAL AID FORMS WEBSITE

Certification and Signature

Please provide your signature. If you are a dependent student, please also provide one parent's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature:	Date:
Parent Signature (Dependent Students Only):	Date: