



Selective Service Verification Form

Instructions:

Your Free Application for Federal Student Aid (FAFSA) reported that you have not registered with Selective Service. Determine which of the conditions below represents your circumstance. Complete and submit this form with required documents in one of the following three ways:

Financial Aid Office:
Located at all Maricopa
College Campuses

U.S. Mail:
Maricopa Community Colleges
Attn: Maricopa Processing Center (MPC)
2411 W. 14th Street
Tempe, AZ 85281

Fax: (480) 361-5287
(include student's ID
and name at the top of
each page)

Last Name	First Name	MI	Student ID Number
Maricopa Email Address			Phone Number with Area Code
			@maricopa.edu

Select Applicable Registered / Exempt / Not Registered Circumstance Below	Student Action and/or Document(s) Required
I am registered with Selective Service	Submit Proof of Registration by Providing: <ul style="list-style-type: none"> • A copy of your Selective Service Registration Card, OR • A copy of your Selective Service Registration Acknowledgment, OR • Selective Service's webpage confirmation of Registration (www.sss.gov)
I am required to register with Selective Service, AND I am currently between the ages of 18-25	Student must: <ul style="list-style-type: none"> • Register online at (www.sss.gov) AND submit Proof of Registration
I am required to register with Selective Service, however I am 26 years of age or older	Student must: <ul style="list-style-type: none"> • Submit a Status Information Letter from Selective Service, AND • Submit a detailed letter that explains whether you knowingly and willfully failed to register. The letter MUST include the following information: 1) Did you know you were supposed to register between ages 18-25? 2) Why didn't you register? 3) What living arrangements and/or personal circumstances prevented you from registering? The statement must explain your situation in detail for all years you were required to register (ages 18-25).
I am EXEMPT from registering with Selective Service:	Student Action and/or Document(s) Required
I am a female	Student must submit an online correction to Question #21 on the FAFSA (www.fafsa.gov)
I am a Veteran of the U.S. Armed Forces or currently serving Active Duty in the U.S. Armed Forces	Submit Proof of Veteran or Active Duty Status (e.g. DD214, Military ID, etc.)
I was not yet 18 at the time I initially completed the FAFSA OR I was born before 1960	Submit Proof of Date of Birth: <ul style="list-style-type: none"> • Passport, OR • U.S. Birth Certificate, OR • U.S. Driver License, OR • U.S. State Issued ID
I am a citizen of the Republic of Palau, the Republic of the Marshall Islands, OR the Federated States of Micronesia	Submit Proof of Citizenship.
I entered the U.S. for the first time after my 26 th birthday	Submit Proof of Date of Birth: AND Submit Proof of Immigration Date into the U.S.: <ul style="list-style-type: none"> • Passport, OR • Birth Certificate, OR • U.S. Driver License, OR • U.S. State Issued ID • I-94 entry date stamp, OR • Passport entry date stamp, OR • USCIS Letter indicating the entry date
I entered the U.S. as a lawful <i>nonimmigrant</i> on a valid visa AND remained in the U.S. on the terms of that visa until after my 26 th birthday	Submit Proof of Date of Birth: AND Submit Proof of Lawful Nonimmigrant Status: <ul style="list-style-type: none"> • Passport, OR • Birth Certificate, OR • U.S. Driver License, OR • U.S. State Issued ID • A copy of your student visa form (I-20), OR • Other valid U.S. passport visa stamp on a foreign passport with expiration date (dates must be from entry until after student turned 26)
I DID NOT register with Selective Service between ages 18-25 BECAUSE: I spent the entire time hospitalized/incarcerated/institutionalized I spent the entire time enrolled in an officer procurement program at a qualifying institution I spent the entire time as a commissioned or reserved Public Health Service Officer	Submit Proof of Status for this Entire Period of Time.

Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCC institutions.

Student's Signature (electronic signature NOT accepted)	Date

Non-Discrimination Statement

The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>