

OFFICE OF FINANCIAL AID

120 East 149th Street, Savoy Building RM B-115 Bronx, NY 10451 Tel: (718) 518-6555, Fax: (718) 518-4430

SELECTIVE SERVICE VERIFICATION

Last Name:	First Name:
Last Four Digits of SSN:	EMPL ID:
Federal regulation requires that, with limited exceptions, all mafter December 31, 1959, between the ages 18 through 25 m requirement applies to any person assigned the sex of mal Federal Student Aid (FAFSA), the Department of Education values a result, you must provide tangible documentation as proof of below, select the category that best describes your situation	nust register with the Selective Service System (SSS). This e at birth. Based on your 2015-2016 Free Application for was unable to verify that you have registered with SSS. As your registration or exemption status. Read the statements
Category A: □ am a male U.S. citizen or eligible non-citizen, born after De	cember 31, 1959, who is 18, but not yet 26 years of age.
	th a copy of your registration card or a "Status Information status. This requirement applies to any person assigned
acknowledgement (also available in PDF)	Proceed to answer questions—Print registration plete the attached "Selective Service System Registration
Category B: □ I am a male U.S. citizen or an eligible non-citizen or was a December 31, 1959, who has never registered with Selective	
	uation and the "Status Information Letter" from Selective it, complete and mail the attached "Request for Status
Category C: □	
certify that I am not required to be registered with Selective	Service because:
I am a female. Attach Birth Certificate	are .
 I was born before December 31, 1969. Attach Birth Ce I am a male, not age18 yet (you can register 30 days to 	
I am a citizen of the Republic of Palau, the Republic of tl	
Micronesia.	,
I am a non-citizen who first entered the U.S. after I turne person. Photocopies are not acceptable.	d 26. Present your original immigration documentation in
I am a non-citizen who entered the U.S. as lawful nonim that visa until after age 26. Present your original immigra	migrant status and remain in the U.S. under the terms of ation documentation in person. Photocopies are not
acceptable I am in the Armed Services on active duty. Attach Proof	of Active Duty
(NOTE: Does not apply to members of the Reserves and Nati	•
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their DD-214 with their PID.	
Non-Discrimination Notice - Hostos Community College does not discriminate category protected under federal, state, and city laws in its programs and/or a directed to: Compliance Officer Michele Dickinson (Room A-336) at 718-518-4	ctivities. Inquiries regarding the College's non-discrimination policies can be
Only sign, date, and return this form to the Financia	I Aid office if you have checked one of the above.
Signature:	/