

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:
after December 31, 1959, between the ages 18 through 25 requirement applies to any person assigned the sex of mederal Student Aid (FAFSA), the Department of Education	Il male citizens and male immigrants residing in the U.S. born 5 must register with the Selective Service System (SSS). This hale at birth. Based on your 2017-2018 Free Application for on was unable to verify that you have registered with SSS. As of your registration or exemption status. Read the statements on and take the appropriate action immediately:
Category A: □	
I am a male U.S. citizen or eligible non-citizen, born after I	December 31, 1959, who is 18, but not yet 26 years of age.
	with a copy of your registration card or a "Status Information ion status. This requirement applies to any person assigned
acknowledgement (also available in PDF	•
i. If unable to register, you must complet Category B: □	te the attached "Selective Service System Registration Form."
I am a male U.S. citizen, 26 years or older, born after	er December 31, 1959, who never registered with Selective
Service. I was an undocumented immigrant when first arrived the ages of 18-25 or thereafter.	to the U.S. and later became an eligible non-citizen between
You must submit written statement explaining your situation and financial aid. To request it, complete and mail the attached "Rec	the "Status Information Letter" from Selective Service in order to receive quest for Status Information Letter" to Selective Service System.
Category C: □	
I certify that I am not required to be registered with Selecti	ve Service because:
I am a female. Attach Birth Certificate	lificata.
I was born before January 1, 1960. Attach Birth Cert I am a male, not age18 yet (you can register 30 days)	
I am a citizen of the Republic of Palau, the Republic of Micronesia.	· · · · · · · · · · · · · · · · · · ·
I am a non-citizen who first entered the U.S. after I tur	rned 26. Present your original immigration documentation in
	nimmigrant status, prior to the age of 26 and remain in the resent your original immigration documentation in person.
I am in the Armed Services on active duty. Attach Pro	of of Active Duty.
(NOTE: Does not apply to members of the Reserves and N	•
 Students who served in the armed forces, excluding the re their DD-214 with their PID. 	serves, delayed entry pool, or National Guard, can submit a copy of
<i>,</i>	ate on the basis of race, color, national origin, sex, disability, age, or any other or activities. Inquiries regarding the College's non-discrimination policies can be 81 or ESOHN@hostos.cuny.edu
Only sign, date, and return this form to the Finance	cial Aid office if you have checked one of the above.
Signature:	Date://