2016-2017 SELECTIVE SERVICE STATUS VERIFICATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Banner Number</th>
</tr>
</thead>
</table>

According to information Kent State University received from the U. S. Department of Education, you are not registered with the Selective Service Administration, or your status could not be confirmed. The requirement to register with Selective Service applies to males who were born on or after January 1, 1960, are at least 18 years old, are U. S. citizens or eligible noncitizens, and are not currently serving active duty in the U. S. armed forces. Selective Service documentation is required before federal financial aid can be disbursed.

The following steps must be taken to resolve your Selective Service status. Please review the information based on the category that applies to you.

**If you are registered with Selective Service**, you must provide a copy of your Selective Service Number to the Student Financial Aid Office. This information can be obtained by calling 847-688-6888 or visit the website [www.sss.gov](http://www.sss.gov).

**If you are exempt from the requirement to register**, you must provide a copy of the Selective Service Status Information Letter to the Student Financial Aid Office. This letter can be obtained by calling 847-688-6888.

**If you were born female**, check the box below, sign statement, and return this worksheet to the Student Financial Aid Office:

- [ ] I certify that I was born female and therefore am not required to register with Selective Service.

  Student Signature ______________________ Date ________________

**If you served active duty in the armed forces**, you must provide a copy of your form DD214 “Certificate of Release or Discharge from Active Duty” to the Student Financial Aid Office. Military service in the Reserves, delayed entry pool, or National Guard are not considered active duty.

**If you failed to register with Selective Service**, you must contact Selective Service at 847-688-6888 or visit the website [www.sss.gov](http://www.sss.gov) and request a Selective Service Status Information Letter. You must complete the reverse side of this form and provide a copy of the Selective Service Status Information Letter to the Student Financial Aid Office for further review.

Refer specific questions to the Selective Service Administration at 847-688-6888.

Attach the required documentation to this form and return to:

**Student Financial Aid**  
P.O. Box 5190  Kent, OH 44242-0001  
330-672-2972  Fax: 330-672-4014  [www.kent.edu/financialaid](http://www.kent.edu/financialaid)

VF-FHSLSV-17
SELECTIVE SERVICE STATUS VERIFICATION
2016-2017 APPEAL FORM

Please provide a detailed description of the circumstances that led to your failure to register with Selective Service as required. You should indicate where you were living during the period when you should have registered, your citizenship status during the period, or any other information that supports your claim. Attach a separate sheet if necessary. You must provide a copy of the Status Information Letter from the Selective Service Administration.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

My signature certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that the Student Financial Aid Office will make the final determination regarding my Selective Service status and my financial aid eligibility.

____________________________________________________________________________________
Student’s Signature        Date