**Selective Service Verification**

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840
978-762-4189 or 781-477-2191  www.northshore.edu/financial_aid
sfs@northshore.edu

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**Required (please print) CSELSV**

<table>
<thead>
<tr>
<th>Student ID#</th>
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<tr>
<td>N000</td>
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Last Name: ____________________________________________
First Name: ____________________________________________

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Men who are from age 18 through 25 are required to register with the Selective Service System. According to our records, your Selective Service registration status was not confirmed by Selective Service. In order to be eligible for financial aid, you must provide written documentation as proof of your registration or exemption status. Read each of the three statements below.

Select the category (A, B, or C) that best describes your situation and take the appropriate action immediately:

- **Category A**
  I am a male U.S. citizen or eligible non-citizen, born after December 31, 1959, who is 18, but not yet 26 years of age.

  **Action to take:** You must register with Selective Service. Provide us with a copy of your registration card or a “Quick Response Letter” from Selective Service verifying your registration status. To register online and for more information go to the Selective Service Web site at [http://www.sss.gov](http://www.sss.gov).

- **Category B**
  I am a male U.S. citizen or eligible non-citizen, born after December 31, 1959, who has never registered with Selective Service.

  *Note:* Non-citizens who first enter the U.S. after the age of 26 aren’t required to register. If you are a male immigrant who first entered the United States past the registration age you may submit your official entry documentation that shows the first date of entry. If the document submitted is acceptable, you will not be required to contact Selective Service.

  **Action to take:** You must contact the Selective Service to obtain a Status Information Letter from the Selective Service System. Call or write to: Selective Service System, ATTN: SIL, PO Box 94638, Palatine, IL, 60094-4638, (847) 688-6888. Submit to the Student Financial Services Office the Selective Service Status Letter when you receive it. Also include a brief signed written statement explaining your personal circumstances. See page 2 for additional information regarding this category.

- **Category C**
  I certify that I am not required to be registered with Selective Service because:

  - I am a female.
  - I am in the Armed Services on active duty. Attach a copy of active duty military I.D.
  - I have not reached my 18th birthday.
  - I was born before 1960.
  - I am a resident of the Federated States of Micronesia or the Marshall Islands, or permanent resident of the Trust Territory of the Pacific Islands (Palau).

Sign, date, and return this form to the Student Financial Services Office only if you have checked an item in Category C.

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STUDENT’S SIGNATURE  DATE

(OVER)
2014–2015 Selective Service Verification  
(continued)

Waiver of Registration Requirement

You are being asked to complete this form because your Status Information Letter indicates that you are not registered with Selective Service and are required to be registered.

1. Are you currently registered?  
☐ yes  ☐ no

Please provide copies of correspondence indicating an attempt to register.

2. When did you first enter the U.S?  
_____________ (MM/YY)

3. Where were you living from age 18 – 25?  
____________________________________________________________________

Please provide applicable documentation, such as copies of state income tax returns, bills with your name and address, etc.

4. Why were you unaware of the widely publicized requirement to register?  
Please provide any applicable documentation to support your petition.

______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

5. Student Signature

_________________________  
___________________________________________________________________________________________________________________________________

STUDENT’S SIGNATURE  DATE

For Office use only:

☐ Approved  ☐ Denied

STUDENT FINANCIAL SERVICES OFFICE  DATE