

Statement of Selective Service Registration Status

Name: _____

Student ID#: _____

Please check the appropriate box:

- I certify that I am female and, therefore, not required to register with the Selective Service System.
- I certify that I am a male age 18 to 25 and am registered with the Selective Service System.
- I certify that I am not of an age required to register with Selective Service System. (over 25)
- I certify that I have been determined by the Selective Service System to be exempt from registration. **Please provide documentation.**
- I certify that I have not reached my 18th birthday and understand that I will be required by law to register at that time.

*** If you do not have a Social Security number or have not registered with the Selective Service System please refer to www.sss.gov or call 1-847-688-6888.**

Student Signature

Date