



## 2017-2018 Selective Service Registration Appeal Form

**Name** (Print clearly): \_\_\_\_\_ **MCC ID:** \_\_\_\_\_

To be eligible for federal student aid, male citizens and male immigrants residing in the U.S. aged 18-25 are required to register with the Selective Service System (SSS), with limited exceptions. This requirement applies to any person assigned the sex of male at birth.

Before a determination can be made regarding your Selective Service Non-Registered Status, additional information is required.

**Directions: Attach all three parts to your appeal before submitting it to the Financial Aid Office.**

**Part I:** Submit a copy of your status information letter from Selective Service .

- You may contact Selective Services at 1-847-688-6888 or on-line at [www.sss.gov](http://www.sss.gov)

**Part II:** Attach a **typed** statement explaining why you did not register between the ages of **18 and 26.**

- Explain the extenuating circumstance that made it impossible for you to register for selective service.
- Give details about how and why your failure to register was neither knowing nor willful.
- You may include in this statement, information about where you lived between the ages of 18 and 26.

**Part III:** Attach any supporting documentation.

- Failure to provide supporting documentation of your extenuating circumstances may result in your appeal being denied.
- Submit supporting documentation that supports your appeal.
  - *Examples of supporting documentation include, but are not limited to*
    - *proof of incarceration,*
    - *hospitalization,*
    - *passport showing entry into U.S. after your 26<sup>th</sup> birthday,*
    - *lawful nonimmigrant visa status,*
    - *documentation that you were living abroad, or*
    - *confined to your home, etc.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### Office Use Only

<b>Checklist:</b>	<b>Comments:</b>	<input type="checkbox"/> <b>Approved</b>	FAS: _____
<input type="checkbox"/> Status info letter		<input type="checkbox"/> <b>Denied</b>	Date: _____
<input type="checkbox"/> Supporting docs			
<input type="checkbox"/> Typed Statement			