



# SELECTIVE SERVICE INFORMATION SHEET

**SS  
2008-2009**

Please complete using **BLACK INK**.

_____	_____	_____
Student Applicant's Last Name	First Name	Middle Initial
_____	_____	
Social Security Number	Birthdate	
_____	_____	_____
E-mail Address	Telephone #	Cell Phone #

When your 2008-2009 Free Application for Federal Student Aid (FAFSA) was matched against the Selective Service database, your selective service registration or exemption status was not confirmed. **Your status must be confirmed before we can process your financial aid.**

- \* If you **have registered** with Selective Service, please submit a copy of your registration card along with this form.
- \* If you **have not registered** with Selective Service and you are a male between the ages of 18 and 25, please register on line at [www.sss.gov](http://www.sss.gov) or contact them for alternative registration options.
- \* If you are **uncertain** whether you are required to register, contact Selective Service at 847.688.6888 or visit their website, [www.sss.gov](http://www.sss.gov).
- \* If you are **female**, please write "I am female" with your signature at the bottom of this form and return it to the Community Christian College Office of Financial Aid.
- \* Any **conflict** must be reconciled with Selective Service. Once the discrepancy is resolved, please submit appropriate documentation (i.e. registration acknowledgment) along with this form.

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
Student Name (Print clearly)

\_\_\_\_\_  
Date

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