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## SELECTIVE SERVICE STATUS

### Columbus State Financial Aid Office

Name \_\_\_\_\_ ID# \_\_\_\_\_

**The Financial Aid Office is required by federal law to verify your selective service status. Please check the appropriate response below. Students who fail to register may not be eligible for financial aid.**

- I certify that I am registered with the Selective Service. My Selective Service number is: \_\_\_\_\_ . If you do not know your number, contact the Selective Service Office at 1-847-688-6888 or visit their web site at [www.sss.gov](http://www.sss.gov).
- I certify that I am not required to be registered with the Selective Service because:
  - I am female. **Provide copy of driver's license.**
  - I have not reached my 18<sup>th</sup> birthday. **Provide copy of driver's license.**
  - I was born before 1960. **Provide copy of driver's license.**
  - I am currently on active duty in the armed services. (Members of the Reserves and National Guard are not considered on active duty) **Provide copy of DD214 or military orders or letter from Commanding Officer.**
  - I previously served on active duty in the armed services from \_\_\_\_\_ (date) to \_\_\_\_\_ (date). **Provide copy of DD214 or military orders or letter from Commanding Officer.**
  - I was consecutively incarcerated or institutionalized from age 18 until age 26. **Provide a copy of institutional release papers.**
  - I am transgender. **Provide copy of birth certificate.**
  - I am a non-citizen who first entered the US after turning age 26. **Provide copy of I-94 or other legal documentation.**
  - I am a non-citizen who entered the US as a lawful non-immigrant on a valid visa and remained in the US on the terms of that visa until age 26. **Provide copy of I-94 or other legal documentation.**
- None of the above apply and I did not register with Selective Service based on the following detailed reason(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE NOTE: You must provide a Status Information Letter from the Selective Service. Please contact Selective Service at 1-847-688-6888 (This is not a toll-free number) or visit [www.sss.gov/instructions.html](http://www.sss.gov/instructions.html)**

**My signature below certifies that the information provided on this form is complete and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to the address provided above**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

Staff Initials \_\_\_\_\_