

VERIFICATION FOR SELECTIVE SERVICE REGISTRATION

Student's Name: _____ Student ID: _____
(Print) Last Name First Name

I certify I am registered with Selective Service:

- Submit a copy of Selective Service Confirmation

I am not required to register with Selective Service because:

- I am a female
- I am in the armed services and on active duty
- Provide copy of enlistment contract
- I have not reached my 18th birthday
- I was born before 1960
- I served on active duty in the armed forces
- Provide a copy of your DD Form 214
- I am a resident of the Federated States of Micronesia, Republic of the Marshall Island, or Republic of Palau and did not live for more than a year in the United States.
- I am a resident of the Federated States of Micronesia, Republic of the Marshall Island, or Republic of Palau and am a student or employee of the government of his homeland.

Please contact our office if you have any question at (808) 455-0606. For additional information regarding your Selective Service status, you may visit www.sss.gov.

Student Signature: _____ Date: _____