

Selective Service Registration Exemption Form

This appeal form is for male students who are over 25 years old and never registered for Selective Service between the ages of 18-25. Selective Service registration is a *mandatory requirement* in order to receive federal student aid. Students who did not register are not eligible for financial aid but may appeal their status if extenuating circumstances occurred that made it impossible for the student to register for Selective Service.

Name: _____ Student ID #: _____

Date of Birth: _____ Telephone: _____ Email: _____

Review the following information, select the statement that correctly identifies your situation, and submit documentation as directed.

- I am on active duty in the Armed Services.
(This does not apply to members of the Reserves and National Guard who are not on active duty.) *Attach a copy of your active duty military identification card.*
- I have served as a member of one of the U.S. Armed Forces on active duty and received a DD-214 Form, and was released under a condition other than dishonorable. *Attach a copy of your DD-214 Form.*
- I have not reached my 18th birthday.
- I was born before 1960.
- I am a citizen of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.
- I am a noncitizen who first entered the United States after I turned 26. *Attach a copy of your I-94, I-551, or I551C, or other legal documentation of entrance to the U.S.*
- I am a noncitizen who first entered the United States as a lawful nonimmigrant on a valid visa and remained in the U.S on the terms of that visa until after age 26. *Attach a copy of your I-94, I-551, or I551C, or other legal documentation of entrance to the U.S.*
- I identify as transgender and was assigned the sex of female at birth. *Attach a copy of your birth certificate.*
- I am/was unable to register due to being hospitalized, incarcerated or institutionalized. *Attach supporting documentation.*
- I am a U.S. Citizen who was required to register with Selective Service but failed to do so. Attach the following:
 1. A Status Information Letter from Selective Service <https://www.sss.gov/Registration/Status-Information-Letter>
 2. Proof that your non-registration was not knowing and willful by submitting additional documentation regarding the nature of, and reasons for, your failure to register. Provide a complete description about your situation, such as where you were living during the period when you should have registered, whether you were incarcerated or institutionalized, your citizenship status during the period, etc. You may use the reverse side of this form or you may attach a separate statement.

Please Contact the office of Financial Aid with any questions:

Office Hours: Monday – Thursday 8 a.m. – 6 p.m. and Friday 8 a.m. – 3 p.m.

FinancialAid@iwcc.edu | 800.432.5852 or 712.325.3277 | Fax 712.388.6803 | iwcc.edu

Student Statement:

By signing this form I certify that:

1. All statements and/or supporting documentation are true and correct to the best of my knowledge.
2. I understand that further documentation may be requested if needed in order to reach a decision
3. I understand that if my appeal is denied I will be *ineligible* for financial aid.

Student's Signature

Date

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