

Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain Maricopa Skill Center | NorthWest Skill Center | SouthWest Skill Center

2014-2015 Federal Student Aid Selective Service Verification Form

Selective	
Service	

Instructions:

This form is required because Selective Service reported that you have not registered with them. Determine which of the conditions below accurately represents the reason that you have not registered with Selective Service. Complete and submit this verification form with any required documents to the Maricopa Verification Processing Center (MVPC) in one of the following three ways:

MVPC Drop Box:	U.S. Mail:	Fax:
Located at all Maricopa	Maricopa Community Colleges	(480) 361-5287
Student Services Centers	Attn: Maricopa Verification Processing Center (MVPC)	(include student's ID
(staple together or	2411 W. 14 th Street	and name at the top
place in an envelope)	Tempe, AZ 85281	of each page)
Student Information		

Last Name First Name MI Social Security Number XXX-XX Student ID Number Maricopa Email Address Phone Number with Area Code

@maricopa.edu

Select Applicable Registered / Exempt / Not Registered Circumstance Below	Student Action and/or Document(s) Required	
I am registered with Selective Service	Submit Proof of Registration by Providing:	
	 A copy of your Selective Service Registration Card, OR 	
	 A copy of your Selective Service Registration Acknowledgment, OR 	
	 Selective Service's webpage confirmation of Registration (<u>www.sss.gov</u>) 	
I am required to register with Selective Service, AND	Student must:	
I am currently between the ages of 18-25	 Submit an online correction to Question #22 on the FAFSA (www.fafsa.gov), OR 	
	 Register online at (www.sss.gov) AND submit Proof of Registration 	
I am required to register with Selective Service, however	Student must:	
I am 26 years of age or older	 Submit a Status Information Letter from Selective Service, AND 	
	 Submit a detailed letter that explains whether you knowingly and willfully failed to 	
	register. The letter MUST include the following information: 1) Did you know you	
	were supposed to register between ages 18-25? 2) Why didn't you register? 3) What	
	living arrangements and/or personal circumstances prevented you from registering?	
I am EXEMPT from registering with Selective Service:	Student must submit an online correction to Question #21 on the FAFSA (www.fafsa.gov)	
I am a female		
I am a Veteran of the U.S. Armed Forces or currently serving Active Duty	Submit Proof of Veteran or Active Duty Status (e.g. DD214, Military ID, etc.)	
in the U.S. Armed Forces		
I was not yet 18 at the time I initially completed the FAFSA	Submit Proof of Date of Birth:	
I was born before 1960	Passport, OR	
	U.S. Birth Certificate, OR	
	U.S. Driver License, OR	
	U.S. State Issued ID	
I am a citizen of the Republic of Palau, the Republic of the Marshall	Submit Proof of Citizenship.	
Islands, OR the Federated States of Micronesia		
\square I entered the U.S. for the first time after my 26 th birthday	Submit Proof of Date of Birth: AND Submit Proof of Immigration Date into the U.S.:	
	Passport, OR I-94 entry date stamp, OR	
	Birth Certificate, OR Passport entry date stamp, OR	
	Driver License, OR USCIS Letter indicating the entry date	
	State Issued ID	
I entered the U.S. as a lawful <i>nonimmigrant</i> on a valid visa AND remained	Submit Proof of Lawful Nonimmigrant on a Valid Visa Status:	
in the U.S. on the terms of that visa until after my 26^{th} birthday	• For those in the U.S. on a valid visa who are between the ages of 18-25, student	
	visa form (I-20) or other valid U.S. passport visa stamp with expiration date	
	(dates MUST be from entry to the U.S., until AFTER the man turned 26)	
I DID NOT register with Selective Service between ages 18-25 BECAUSE:	Submit Proof of Status for this Entire Period of Time.	
I spent the entire time hospitalized/incarcerated/institutionalized		
I spent the entire time enrolled in an officer procurement program at a		
qualifying institution		
I spent the entire time as a commissioned or reserved Public Health		
Service Officer		

Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCCD institutions.

Student's Signature (electronic signature NOT accepted)	Date