

FWD to:

Reviewed & sent to scan by:

2019-2020



Financial Aid and Scholarships

Form 30 - FSELSV

Financial Aid and Scholarships Office

5150 N. Maple Avenue, M/S JA 64

Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833

www.fresnostate.edu/studentaffairs/financialaid

Selective Service Certification

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

The Department of Education (ED) is taking additional steps to ensure compliance with the Selective Service registration provisions of P.L. 97-252, commonly referred to as the Solomon Amendment. The law requires men who meet the registration requirements to be registered with the Selective Service in order to receive federal student aid. We were unable to confirm your status through the Selective Service database.

DREAMER, DACA, AB540 or UNDOCUMENTED STUDENTS: If you are a male you must still register with Selective Service. Please register with a paper registration form and do not use your Social Security number. Please submit documentation of confirmation of your Selective Service registration once it has been completed.

Please clarify your Selective Service status by checking the appropriate box:

- I certify that I am a female.
- I certify that I have not reached my 18th birthday. I plan to register with Selective Service within 3 months of my 18th birthday and will submit documentation of my registration.
- I certify that I am registered with the Selective Service.
You must attach a copy of your Registration Acknowledgment, Verification post card, or a letter confirming your registration. You may contact Selective Service at (847) 688-6888 or <http://www.sss.gov> to obtain the verification required.
- I certify that I am between 26 and 31 years of age and can no longer register.
You must obtain a written advisory opinion from the Selective Service's Office of General Counsel. Contact Selective Service at (847) 688-6888 or <http://www.sss.gov> . Also, please explain the reason for not registering.

CERTIFICATION & SIGNATURE(S)

By signing this worksheet, I certify that all the information reported on it is complete and correct.

Student Signature _____ Date _____

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

FOR OFFICE USE

- Exemption Confirmed
- Registration Confirmed
- Cannot Register
- Other: _____
- Checklist/Comment
- Override Flag
- Review Complete
- Scanning
- BY: _____ DATE: _____