



Office of Financial Aid
University Park, IL 60484
708.534.4480
Fax: 708.534.1172
www.govst.edu/finaid

2016-2017 SELECTIVE SERVICE REGISTRATION VERIFICATION FORM

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.
Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.

Student Name: (Please Print) Last First GSU ID # Last 4 digits of SS#

Permanent Home Address: City State Zip Code

Student's Date of Birth: Home Phone #: Cell #:

Email Address: @student.govst.edu

SELECTIVE SERVICE VERIFICATION

We are unable to process your financial aid application until you either correct your Free Application for Federal Student Aid (FAFSA) for 2016-17, or provide our office with a letter from Selective Service acknowledging your registration or exemption. If you failed to register with Selective Service prior to your 26th birthday, please provide our office with a written explanation and supporting documentation.

I have attached the following documentation (please check one):

- Copy of the letter from Selective Service acknowledging your registration or exemption.
I will not turn 18 until after the start of the 2016-2017 academic year (August 29, 2016). Attached is a copy of my birth certificate.
Typed and signed explanation along with copies of supporting documentation that you failed to register with Selective Service prior to your 26th birthday. This must include a letter from Selective Service indicating your status.
I am a female and not required to register with the Selective Service. Attached is documentation which states my gender (i.e. driver's license).
Non-U.S. male who came into this country for the first time after his 26th birthday - date of entry stamp in his passport, or I-94 with date of entry stamp on it, or a letter from the U.S. Citizenship and Immigration Service (USCIS) indicating the date the man entered the United States.

CERTIFICATION STATEMENT

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature Date

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

CRI CODE: FAC16SSR