UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid
1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2018-2019 Selective Service Registration Verification

Section A – Student Information (Please print clearly)

Last Name | First Name | M.I. | Email

Street Address | City | State | Zip Code

What you should do:

1. Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.
2. Please submit all documents at the same time.
3. Clearly print UIN on every page of 8 ½ x 11 legible copies.

We are unable to process your financial aid application until you either correct your Free Application for Federal Student Aid (FAFSA) for 2018-19, 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.

Section B – Selective Service Verification

Return this original form to our office along with a copy of the following requested documentation.

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

- ☐ Printout of Selective Service status from www.sss.gov.
- ☐ Copy of the letter from Selective Service acknowledging your registration or exemption.
- ☐ I will not turn 18 until after the start of the 2018-19 academic year (August 27, 2018). 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. drivers license).

Section C – Student Signature

IMPORTANT: Return this form to the Office of Student Financial Aid. When submitting documentation:
1. Clearly print UIN on every page of 8 ½ x 11 legible copies.
2. Include all appropriate signatures.

I certify that the information provided on this form and any attachments are true and correct.

_____

Student Signature **Date**

ENTER YOUR 9-DIGIT **UIN** →

1819 **DRFT-O** **N**