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## 2020-2021 Selective Service Certification Statement

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**Student Name:** \_\_\_\_\_ **Student ID Number:** G \_\_\_\_\_

The U.S. Department of Education has notified us that they could not confirm your registration status with the Selective Service. Before we can determine your eligibility for financial aid, you must complete this form and return it to the GVSU Office of Financial Aid & Scholarships.

If you are **registered** with the Selective Service, check response #1 and attach proof of your registration status to this form. Go to [www.sss.gov/registration](http://www.sss.gov/registration) and select "Proof of Registration" to retrieve a copy of a "Letter of Verification" online, or provide a copy of your "Registration Acknowledgement" card.

If you have **not registered** with Selective Service, you must do so to be eligible to receive federal student aid. Go to [www.sss.gov](http://www.sss.gov) to register on-line; check response #1 and attach a copy of the on-line verification to this form.

If you have **not registered** with Selective Service and **do not have access to the Internet**, check response #2; we will electronically submit your registration request.

If you **cannot register** because you are **over the age of 26**, check response #3. You must also attach a letter explaining why you did not register by your 26th birthday.

If you **cannot register** because you are **not 18 and are not yet eligible to register**, check response #4.

**Please check the appropriate response:**

- 1.) I certify that I **am registered with Selective Service**. Attached is proof of my registration with Selective Service.
- 2.) I am **not registered** with Selective Service and cannot access the Internet. Please register me.
- 3.) I **did not register** with Selective Service by my 26th birthday. Attached is a letter of explanation.
- 4.) I am **not 18 and am not yet eligible to register** with Selective Service.

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By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of my knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.**