

## Selective Service Registration Statement (FSSERV)

Student's Name (PRINT): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

HCC ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Campus: \_\_\_\_\_  
(9-digit number required) (Primary location of attendance)

Your financial aid application has been flagged by the Department of Education. HCC must verify your selective service status. Verification must be completed prior to HCC awarding or disbursing financial aid funds.

### Registration Status

Are you currently registered for Selective Service, as required by federal law?

- Registered (**Proof of registration required**)
- Not Registered (**Complete section below**)
- Exempt (**Documentation Required**)

Please check one of the following that applies to why you did not register with *Selective Service*.

- I am not required to file because I am a female.
- I entered the United States after my 26<sup>th</sup> birthday. **Attached is documentation to verify this statement.**
- I did not register with *Selective Service* because I had a lawful nonimmigrant status between my 18<sup>th</sup> and 26<sup>th</sup> birthdays, and was not required to register. **Attached is documentation to verify this statement. In addition to the documentation, a status information letter must be obtained from the Selective Service Administration. Request form can be downloaded from [www.sss.gov](http://www.sss.gov).**
- I entered the *United States* between my 18<sup>th</sup> and 26<sup>th</sup> birthday as a legal non-resident. I am now over 26 years of age and cannot register with *Selective Service*. **Attached is documentation to verify this statement.** I did not register because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other:  
**Attached is documentation to verify this statement.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 2020-2021



Supporting documentation must be attached to this form.

### Certification

I, \_\_\_\_\_, hereby certify that the selective service status provided is true and correct. I understand that I must provide documentation if requested by my institution that I may be required to complete a new statement for each academic year for continued eligibility.

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

Date: \_\_\_\_\_

## Selective Service Registration Statement (FSSERV)

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

# 2020-2021



Student's Name (PRINT): \_\_\_\_\_ HCC ID: \_\_\_\_\_

**To be completed by a financial aid representative**

Ineligible as a result of not registering when required.

Reason for ineligibility determination: \_\_\_\_\_

\_\_\_\_\_

Special Circumstance has been approved.

Reason for approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Aid Representative Name and Title \_\_\_\_\_

Financial Aid Representative Signature \_\_\_\_\_

\_\_\_\_\_ Date

Date student was notified of approval or denial: \_\_\_\_\_