



## Selective Service Exemption Verification 2020-2021

The United States Selective Service Agency has not confirmed your registration, which is required for financial aid eligibility. If you are a male 18-25 years old, you must register with Selective Service at [www.sss.gov](http://www.sss.gov). Submit a copy of your registration confirmation to our office with your name and SCC Student or Star ID number written on the document.

If you believe you are exempt from registering with the Selective Service, please check the applicable circumstance below. Sign and return this form **along with any requested documentation**.

Name: \_\_\_\_\_ Student or STAR ID \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ I am female.

\_\_\_\_\_ I have not reached my 18th birthday.

\_\_\_\_\_ I was born before 1960.

If you selected one of the circumstances listed **below** for your Selective Service exemption you will need to provide the requested documentation to our office.

\_\_\_\_\_ I am in the armed services on **active** duty (**Note:** Does not apply to members of the Reserves and National Guard who are not on active duty). **Please attach a copy of your most current DD214 or Active Duty Orders.**

\_\_\_\_\_ I am a resident of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Paulau). **Please submit documentation regarding your residency.**

\_\_\_\_\_ I am a non-citizen who first entered the U.S. after turning 26. **Please attach documentation showing the date you entered the United States.**

\_\_\_\_\_ I am a non-citizen who first entered the U.S. as a lawful nonimmigrant on a valid visa and remained in the U.S. on the terms of that visa until after turning 26. **Please attach documentation showing the date you entered the United States.**

\_\_\_\_\_ I was unable to register due to hospitalization, incarceration, or institutionalization from ages 18-26 years old. **Please provide appropriate documentation.**

**I CERTIFY THE ABOVE RESPONSES ARE CORRECT.**

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

\_\_\_\_\_  
Date

**Return by mail, fax or email:**

**Fax:** (507) 389-7419

**Email:** [financialaid@southcentral.edu](mailto:financialaid@southcentral.edu)

**Faribault Campus:**  
South Central College  
Financial Aid Office  
1225 Third Street SW  
Faribault, MN 55021

OR

**North Mankato Campus:**  
South Central College  
Financial Aid Office  
1920 Lee Boulevard  
North Mankato, MN 56003