



Selective Service Appeal

Student Name: _____ **Date of Birth:** _____ **ID:** _____

Before a determination can be made regarding your Selective Service non-registered status, additional information is required. **Submit a copy of your registration verification or exemption status letter from Selective Service along with the Selective Service Appeal form to the Student Financial Services office.** You may contact Selective Services at 1-847-688-6888 or on-line at www.sss.gov.

1. **Were you aware of the widely publicized requirement to register with Selective Service between the age of 18 and 26?** NO YES

If no, explain, in DETAIL, why you were not aware of the requirement:

If yes, explain, in DETAIL, why you didn't register even though you were aware of the requirement:

2. **Between the ages of 18 and 26, where were you living AND what were you doing? If you were living abroad or incarcerated, institutionalized, hospitalized or confined to home, please provide the dates and attach documentation supporting each instance. Please be DETAILED.**

Attach additional pages, if needed

Signature

Date