

FWD to:

Reviewed & sent to scan by:

2016-2017



Financial Aid

Form 30 - FSELSV

Financial Aid Office

5150 N. Maple Avenue, M/S JA 64
Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833
www.fresnostate.edu/studentaffairs/financialaid/

Selective Service Certification

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

The Department of Education (ED) is taking additional steps to ensure compliance with the Selective Service registration provisions of P.L. 97-252, commonly referred to as the Solomon Amendment. The law requires men who meet the registration requirements to be registered with the Selective Service in order to receive federal student aid. We were unable to confirm your status through the Selective Service database.

Please clarify your Selective Service status by checking the appropriate box:

- I certify that I was born **before** 1960.
- I certify that I have not reached my 18th birthday.
- I certify that I requested to have my name forwarded to Selective Service on my Dream Act Application.
I understand that I must still submit to the Financial Aid Office a copy of the Selective Service Registration Card in order to be eligible for disbursement of any funds.
- I certify that I am a female.
- I certify that I am registered with the Selective Service.
You must attach a copy of your Registration Acknowledgment, Verification post card, or a letter confirming your registration. You may contact Selective Service at (847) 688-6888 or <http://www.sss.gov> to obtain the verification required.
- I certify that I am between 26 and 31 years of age and can no longer register.
You must obtain a written advisory opinion from the Selective Service's Office of General Counsel. Contact Selective Service at (847) 688-6888 or <http://www.sss.gov>
- Other: Explain the reason below and attach documentation. **(Note: This may require follow-up correspondence)**

CERTIFICATION & SIGNATURE(S)

By signing this worksheet, I certify that all the information reported on it is complete and correct.

Student Signature _____ Date _____

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

FOR OFFICE USE

- Exemption Confirmed Registration Confirmed Cannot Register Other: _____
- Checklist/Comment Override Flag Review Complete Scanning BY: _____ DATE: _____