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Evaluated on:	

2009-2010 SELECTIVE SERVICE REGISTRATION ACKNOWLEDGEMENT FORM UC SANTA BARBARA FINANCIAL AID OFFICE

A. Student Information

Perm Number _____

Last Name (Print) _____ First Name _____ M.I. _____

Social Security Number _____

Address (Include apartment number) _____

E-mail Address _____

City _____ State _____ Zip Code _____

Phone Number (Include area code) _____

B. Selective Service Information

Per the instructions on your Student Aid Report, Selective Service reported that you have not registered with them.

- If you have not yet registered, are male, and are 18 through 25 years of age you must complete a Selective Service Registration form. You can register at your local post office or online at: www.sss.gov. Attach a copy of the documentation from Selective Service, that verifies your registration, to this form and return it to our office.
- If you believe you have already registered or are exempt, please contact Selective Service at (847) 688-6888.
- If you are female, registration is not required. Please write **"I am female"** on the bottom of this form, sign and date it, and return it to our office.

C. Signatures

My signature certifies that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form, if requested. I realize giving false information may result in a fine, prison sentence, or both. The Secretary of Education has the authority to verify information reported on this application with the National Archives & Records Administration and other federal agencies.

Student's Signature: _____ Date: _____