University of Illinois Springfield - Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 https://www.uis.edu/financialaid/

2021-2022 Selective Service Registration Verification For Priority Processing Submit Form by July 15, 2021

Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code
2. Please upload all docume	sheet. You must answer all tents at the same time. y page of 8 ½ x 11 legible cop	-	must be <u>SIGNED</u> .
(FAFSA) for 2021-2022, or p	rovide our office with a letter	from Selective Service ackn	ree Application for Federal Student Aid nowledging your registration or exemption de our office with a written explanation ar
Section B - Selective	Service Verification		
Return this original form to o	ur office along with a copy of	the following requested doc	umentation.
I have attached the following	documentation (please che	ck):	
 □ Copy of the letter fro □ I will not turn 18 until birth certificate. □ Typed and signed expective Service pri 	kplanation, along with copies or to your 26th birthday. <u>This</u> t birth and not required to reg	edging your registration or e 022 academic year (August 2 of supporting documentations s must include a letter from S	exemption. 23, 2021). Attached is a copy of my In that you failed to register with Selective Service indicating your status. Price. Documentation is attached
Section C - Student	Signature		
Financial Aid tab. When subi		·	ervice Student Requirements under the
I certify that the information p	provided on this form and any	/ attachments are true and c	orrect.
Student Signature		Date	
ENTER YOUR 9-DIGIT U	JIN		
2122 DRFT-E	N		