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/cost-aid/financial-aid

2022-2023 Selective Service Registration Verification

For Priority Processing Submit Form within 15 business days

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code
2. Please upload all docu	vorksheet. You must answer all	·	nust be <u>SIGNED</u> .
(FAFSA) for 2022-2023, o	or provide our office with a letter th Selective Service prior to your	from Selective Service acknowledge	ee Application for Federal Student Aid owledging your registration or exemption de our office with a written explanation
Section B - Select	tive Service Verification		
Return this original form t	o our office along with a copy of	the following requested docu	umentation.
I have attached the follow	ving documentation (please che	ck):	
□ Copy of the letter □ I will not turn 18 to birth certificate. □ Typed and signed Selective Services □ I am/was a femal	d explanation, along with copies	edging your registration or expenses academic year (August 2) of supporting documentations must include a letter from S	23, 2022). Attached is a copy of my that you failed to register with Selective Service indicating your status.
Section C - Stude	nt Signature		
Financial Aid tab. When s 1. Clear 2. Include	nis form and supporting documents to be submitting documentation: Iy print UIN on every page of 8 all appropriate signatures. On provided on this form and any	3 ½ x 11 legible copies.	rvice Student Requirements under the
	p		
Student Signature		Date	
ENTER YOUR 9-DIG	IT UIN 🛶		
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