Western Nebraska Community College

2021-2022
SELECTIVE SERVICE INFORMATION

Name _____ WNCC Student ID# _____
(please print)

Mailing Address _____

City, ST, Zip _____

DOB or Last 4 SSN digits _____ Phone _____

E-mail _____

The Selective Service reported that you have not registered with them and we need to confirm your status. Please complete the following and return with any attachments to the WNCC Financial Aid Office.

STATEMENT OF EXEMPTION
I certify that I am not required to register with Selective Service because (check one):

☐ I was born **female** and not required to register for Selective Service.

☐ I was **born before 1960** and not required to register for Selective Service.
My birth date is: _____

☐ I am **not yet 18** years of age and not required to register with Selective Service.
My birth date is: _____
Remember to register with Selective Service when you turn 18.*

☐ Other:_____

By signing below, I certify that all the information reported above is complete and correct. I understand that additional verifying documents may be required by Western Nebraska Community College.

Student signature: _____ **Date:** _____

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STATEMENT OF REGISTRATION

☐ I am a **male, age 18 – 25** registered with Selective Service and a copy of my registration confirmation is attached. (A registration form may be obtained at the local post office or register online at www.sss.gov.)

☐ I **am** on active duty in the Armed Forces and a copy of my current military ID card is attached.

☐ I **was** on active duty in the Armed Forces and my DD214 is attached.

By signing below, I certify that all the information reported above is complete and correct. I understand that additional verifying documents may be required by Western Nebraska Community College.
*Electronic signatures are not accepted.**

Student signature: _____ **Date:** _____

NOTE: If you believe **you have already registered or meet other exemption criteria**, contact the Selective Service at 1-847-688-6888 or toll-free 1-888-655-1825.

WARNING: Purposely providing false or misleading information can result in fines, imprisonment, or both.

Return completed form and attachments (if applicable) to:
WNCC Financial Aid Office • 1601 E. 27th Street • Scottsbluff, NE 69361
(308) 635-6011 • fax (308) 635-6732 • Secure filedrop https://docsafe.wncc.edu/filedrop/FINAID