Student Financial Aid Office
University of Louisville
Louisville, KY 40292

Phone: (502) 852-5511
Fax: (502) 852-0182
Email: finaid@louisville.edu
Website: www.louisville.edu/financialaid

SELECTIVE SERVICE ACKNOWLEDGEMENT DOCUMENTATION **SSSAL (SSERV/SSREG)**

Student Name:_____**Student ID:** _____

Academic Period of Enrollment (check one):
□ Fall 2019-Spring 2020 or Summer 2020 □ Fall 2020-Spring 2021 or Summer 2021 □ Other _____

You reported information on your Free Application for Federal Student Aid (FAFSA) which could not be confirmed by Selective Service. **Please complete, sign, date, and return this form, along with supporting documents, to the address or FAX number provided above**. Do NOT submit via email.

- **If you have not registered**, and you are a male citizen or male immigrant aged 18 through 25, you must:
  - Register with Selective Service at your local post office or online at www.sss.gov. *This requirement applies to any person assigned the sex of male at birth.*
  - Attach confirmation of your registration to this form and forward it to our office.

- **If you have already registered**, please:
  - Attach confirmation of your registration to this form and forward it to our office. If you do not have your confirmation, contact Selective Service at www.sss.gov or at 847-688-6888 for a copy.

- **If you are not required to register**, or you qualify for a waiver or exemption, review the options below. Check any that apply to your registration status, sign, date, and return this form to our office.

I am not required to register with Selective Service because:

____ I am female (assigned the sex of female at birth) and have updated my FAFSA accordingly.

____ I was born before 1960.

____ I entered the country after my 26th birthday.
Please provide a Status information Letter from Selective Service and/or other supporting documentation *(i.e. – entry stamp on your passport, I-94 with entry stamp on it, proof that you were not living in the U.S. from age 18 to age 26, or proof that you entered the U.S. as a valid non-immigrant, and remained in that status until your 26th birthday, etc.)*

____ I qualify for a waiver or exemption for other reasons: *(Explain)*

_____

_____
(Attach a Status Information Letter from Selective Service, www.sss.gov)

I certify that all the information on this form is true and complete. I understand that if I purposely give false or misleading information on this form I may be fined up to $20,000, sent to prison, or both.
Student Signature:_____**Date:**_____**Phone #:** _____

Office Use Only	Reported on ISIR: _____	[ ]	Chkst: SSSAL_____Date:_____Init._____
CC: _____		[ ]	PK Summary - Override SServ DB Match
SServ Mtc: _____	Male? Female?	[ ]	PK Summary - Override SS Reg DB Mtch
SSReg Mtc: _____	Reg me? _____	[ ]	Advise student to appeal for exception