



McDANIEL COLLEGE

FINANCIAL AID OFFICE

2020-2021 Selective Service Certification Form

Student ID#*

Student Name (Last Name, First Name)

*for new students, the Student ID# can be found on the Financial Aid Award Letter

According to Federal Law, a man between the ages of 18 and 24 must register with Selective Service regardless of his citizenship status. If you failed to register with Selective Service you are not eligible to receive any federal financial assistance (i.e. Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Academic Competitiveness Grant, Federal Work Study, Federal Stafford Loans, etc.)

Our records indicate that you have not registered. Please check the box that applies to you:

Please note that if you have checked a box below and DO NOT have the required documentation as outlined, you must obtain a Selective Service Status Information Letter to submit to the Financial Aid Office. To obtain a Selective Service Status Letter, you must visit www.sss.gov, download a request form to print out, complete and mail to Selective Service along with any supporting documentation.

I certify that I am registered with Selective Service. Please select and attach proof of registration.

- Signed Selective Service Registration Card **OR**
- Confirmation of Registration printed from www.sss.gov

I am not required to register because (select one):

- I am not age 18 or older. I understand that I must register for Selective Service within 30 days of my 18th birthday. Online registration is available at www.sss.gov
- I was not yet 18 at the time I completed the FAFSA.
- I am a transgender male who was assigned the sex of female at birth.
- I am a male born prior to January 1, 1960
- If none of these apply to you, attach a typed and signed explanation as to why you did not register for Selective Service from age 18 to 25.

By signing this form, I certify that all the information reported is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both. I understand that McDaniel College, Financial Aid Office is authorized to make changes to my FAFSA based on the information I report on this form.

Student Signature (handwritten, not typed)

Date

*This form contains personally identifiable information.
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410.857.2233 (Voice) 410.386.4608 (fax)*