



Lansing Community College
 1121 – Financial Aid Office
 Room 203, Gannon Building
 PO Box 40010
 Lansing, MI 48901-7210
 Phone: (517) 483-1200 (option 2)
 Fax: (517) 483-1170

**Financial Aid
 Selective Service
 Registration Appeal
 2009-2010**

Student Name: _____ LCC Student #: _____

Men aged 18 through 25 are required to register with the Selective Service System. This requirement covers men residing in the United States who are U.S. citizens or non-citizens.

I am female and not required to register

You may register at www.sss.gov. Please **print** your confirmation page and attach it to this appeal form.

I have registered with Selective Service and my confirmation page is attached

In rare cases some men will be exempt from registration. Please indicate if you are exempt from registration by checking the appropriate box below, and **providing supporting documentation** to our office.

Currently in the armed services and on active duty.

Born before 1960.

Non-citizen who first entered the U.S. after turning 26 years of age.

Non-citizen who entered the U.S. as a lawful *nonimmigrant* on a valid visa and remained in the U.S. on the terms of that visa until after I turned 26.

Unable to register due to being hospitalized, incarcerated, or institutionalized between the ages of 18 and 26.

If you are not exempt from registration due to any of the above reasons then you must contact the Selective Service Registration System and request a Status Information Letter be sent to you. Provide a copy of this Status Information Letter to our office once you receive it. We will then determine your eligibility for financial aid.

You can request a Status Information Letter from the Selective Service Agency at their website: <http://www.sss.gov/instructions.html>.

- I certify that all of the information reported to qualify for Federal student aid is correct.
- If you purposely give false/misleading information on this worksheet, you may be fined and/or sentenced to jail.

For Office Use Only		Revised 02/18/2009	
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Student Signature: _____ Date: _____