COLLEGE OF MARIN

College of Marin – Office of Enrollment Services
835 College Ave. Kentfield CA. 94904
Phone: (415) 457-8811 · Fax: (415) 460-0773
financial.aid@marin.edu

EXPLANATION OF FAILURE TO REGISTER FOR SELECTIVE SERVICE

Last Name _____ First Name _____ M00# _____

Social Security # _____ Date of Birth _____ Phone# _____

Address: City, State, ZIP _____

Email Address _____

ATTACH YOUR SELECTIVE SERVICE STATUS INFORMATION LETTER TO THIS FORM AND SUBMIT BOTH TO THE
ENROLLMENT SERVICES OFFICE FOR REVIEW

Contact Selective Service at 1-847-688-6888 or visit them at ** www.sss.gov/Registration/Status-Information-Letter ** to request a Status Information Letter before completing this form.

Please complete this form ONLY if you meet the following criteria:

- You are a male 26 or older; AND
- Your registration was not confirmed with Selective Service; AND
- You have requested and received a Status Information Letter from the Selective Service System concerning your registration status (attach letter to this form).

All males, between the ages of 18 and 26 must register with Selective Service. Explain in detail, why you did no register. If you did not register because you were on active duty with the U.S. Armed Forces, please attach a copy of your DD-214 to this form.

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I certify, under penalty of perjury, that the information I have provided is true and correct to the best of my knowledge.

Student Signature _____ Date _____

For Office Use Only: ☐ Approved
☐ Denied Reason: _____

FAA Signature: _____ Date: _____