MANCHESTER COMMUNITY COLLEGE

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1066 Front Street, Manchester, NH 03102

SELECTIVE SERVICE REGISTRATION 2020-2021

The Department of Education has informed us that you have not registered for Selective Service. Most male students must register with Selective Service to receive federal aid. See **PART 1** for information on how to register or **PART 2** to explain and present proof of reason for non-registration. Please return this form to the Financial Aid Office indicating your actions.

Please check the appropriate statement:	e - There are four ways to register for selective service.
	then submit proof of registration to the Financial Aid Office. tion form at the local Post Office and submit a copy of the ce.
-	Student Aid (FAFSA) and select "Register Me" at the
Selective Service registration question.	
I would like the Financial Aid Office to up	date my FAFSA by selecting "Register Me."
	Reason for Non-Registration - In order to receive financial ations applies. Please check the appropriate statement:
I did not register for Selective Service bed	cause I am not 18 years of age.
I am not required to register for Selective Service because I was born before 1961.	
student who is in the National Guard or S	ne U.S. Armed Forces. Please submit proof of service. (A selected Reserves and not on active duty does not meet this
exemption.	
· · · · · · · · · · · · · · · · · · ·	Forces until after I turned 26. Please submit a copy of your National Guard or Selected Reserves and not on active duty
•	country after the age of 26. Please provide a valid document of entry to the United States.
I am/was a noncitizen who entered the U	J.S. as a lawful nonimmigrant on a valid visa and remained in ter I turned 26. Please provide proof of this statement.
I am not required to register because I ar	·
None of the above statements apply to m	
	ne registration requirement must submit a Status Information
	ss.gov and provide a statement of explanation of non-
determination on your eligibility after a review	quire more information from you and will make a
determination on your engionity arter a revie	w of all the illiothlation.
STUDENT NAME:	ID#
(Please print in ink)	
SIGNATURE (student):	DATE:
(Please sign in ink)	