

## Request for Status Information Letter

I am requesting a Status Information Letter. I am a male who is not registered with Selective Service. I am now twenty six years old or older, and was born after December 31, 1959.

### Section 1

Name \_\_\_\_\_  
First Middle Last

List any other names used \_\_\_\_\_  
Include any multiple last names

Current mailing address \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City State Zip Code

Social Security Account Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month / day / year

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Section 2

#### MILITARY:

List dates of active duty service \_\_\_\_\_ to \_\_\_\_\_

List dates of reserve duty services \_\_\_\_\_ to \_\_\_\_\_

List dates of military school service \_\_\_\_\_ to \_\_\_\_\_

Military school attended: \_\_\_\_\_

Attach copy of DD214 (or DD Form if still on active duty)

#### INCARCERATED, INSTITUTIONALIZED, HOSPITALIZED, OR CONFINED TO HOME:

List dates during which you were (circle appropriate situation) incarcerated, institutionalized, hospitalized, or confined to home. For multiple dates, list all.

\_\_\_\_\_ to \_\_\_\_\_ , \_\_\_\_\_ to \_\_\_\_\_ , \_\_\_\_\_ to \_\_\_\_\_

Attach proof of each instance

NON CITIZEN / ALIEN:

Date you entered the United States for the first time: \_\_\_\_\_  
Month / day / year

INS status at time of entry: \_\_\_\_\_ List all alien status held since entering the country, and give dates: (Attach separate sheet if necessary)

\_\_\_\_\_ to \_\_\_\_\_ USCIS Status: \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ USCIS Status: \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ USCIS Status: \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ USCIS Status: \_\_\_\_\_

Attach **copies** of supporting documentation (see information sheet for detailed instructions regarding this).

OTHER:

At birth my gender was: \_\_\_\_\_

Attach copy of birth certificate and any additional supporting documentation for your reasoning.

REASON WHY YOU FAILED TO REGISTER WITH SELECTIVE SERVICE UPON REACHING AGE 18 AND BEFORE REACHING 26:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3**

Sign and date, then send this letter, together with copies of required documents and whatever other supporting information you may wish to include to:

Selective Service System  
ATTN: SIL  
P.O. Box 94638  
Palantine, IL 60094-4638

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**No action can be taken until we receive all of the information / documentation needed is submitted to the Financial Aid office. You should retain a copy of all documents and correspondence submitted to us. You should receive a response within 4 to 6 weeks.**