



Verification of Selective Service

The Financial Aid Office is unable to confirm that you are registered with Selective Service and state regulations require any male student between the ages of 18-26 be registered with Selective Service in order to receive state grant aid. Complete and submit this form along with required documentation to the Financial Aid Office for review and to determine your eligibility for state grant aid. **Incomplete forms or conflicting information will cause delays in the processing of your aid.** Instructions for looking up your student ID number are found here: [How to look up your student ID number](#).

Student Information:

Last Name: _____ First Name: _____

Student ID (required): _____ Date of Birth: ____/____/____ Phone Number: (____)____-_____

Students who have registered for Selective Service:

If you are registered for selective service please visit the [selective service website](#), click on verify registration, put in the required information, and print a copy of your registration verification to submit to the financial aid office.

Students who have not registered for Selective Service:

Please check one of the following options and provide any applicable documentation:

I did not register for Selective Service because I entered the United States of America after the age of 26. I am able to supply documentation to support this. ****You must provide proof of your birth date as well as proof of when you entered in to the United States.**

I did not register for Selective Service for another reason. Please provide an explanation in the space below and attach relevant documentation. You may attach additional sheets if necessary.

I did not willfully and knowingly fail to register for selective service

I did not register for Selective Service because I was assigned "female" at birth.

Certification and Signature:

By signing this you certify the information reported on this form is complete, correct, and any required documentation is attached. You **MUST** sign and date this form in blue or black ink. **WARNING:** If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.

Student Signature: _____ Date Signed: ____/____/____

Please return your completed form in one of the following ways: Electronic upload to [DropSecure](#); Mail to Blue Ridge Community College, Office of Financial Aid, Box 80, Weyers Cave, VA 24486; In Person in the Houff Student Center. If you have questions or need assistance, please call 540-453-2301.