Phone: (417) 836-5262 Fax: (417) 836-8392 FinancialAid@MissouriState.edu

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Office of Student Financial Aid 901 S. National Ave Springfield, MO 65897 www.MissouriState.edu/FinancialAid

2023-2024 Confirm Selective Service Registration			
		М	
Student's Name (Last)	(First)	BearPass #	Student's Date of Birth
We must confirm that you a before disbursing funds for t	re registered with the Selective Ser he academic year.	vice System (Section A), or are exemp	t from registering (Section B),
Contact the Selective Service	e Office at (847) 688-6888 or on the	e web at <u>sss.gov</u> to register or for addi	itional information.
A. If you HAVE register	ed with the Selective Service		
Attach to this form a copy of	either:		
1. A signed copy of your Sel	ective Service Registration Card		
	C	Or	
2. An Official Letter of Verif	ication from Selective Service. This	is available online at sss.gov/verify	
B. If you HAVE NOT reg	istered with the Selective Servi	се	
If you are over the age of 26 must provide both:	, have never registered with Select	ive Service, and wish to be considered	l for federal student aid, you
A signed statement from registration requirement		er prior to their 26 th birthday, or why	student is exempt from the
	A	And	
2. Documentation to suppo	rt this exemption		
C. Certification Stateme	ent & Signature		
supporting documents, and	certify that all information submitte	nd the information on this form, that led is accurate and true to the best of for financial assistance will be granted	my knowledge. I understand
	ure (No Digital Signatures)	Date	