
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. Attach proof of each instance

_____ to _____

_____ to _____

_____ to _____

Non citizen/Undocumented immigrant:

Date you entered the United States for the first time: _____

USCIS 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.

Transsexual

At birth 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 4

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
Attention: SIL
P. O. Box 94638
Palantine, IL 60094-4638**

Signature

Date

No action can be taken until you receive a response from Selective Service. You must bring the response and all of the requested information/documentation to the Student Financial Services Office. You should retain a copy of all documents and correspondence submitted to us. You will be notified by mail when your eligibility status has been determined.