

# Delgado

COMMUNITY COLLEGE

## Selective Service Verification

Student's Name: \_\_\_\_\_ CWID: \_\_\_\_\_

According to our records, your Selective Service registration or exemption status was not confirmed by the Selective Service System. As a result, you must provide documentation as proof of your registration or exemption status.

**Read the statements below, select the category that best describes your situation and take appropriate action.**

### Category A

I am a male U.S. citizen or eligible immigrant born after December 31, 1964, who is 18, but not yet 26 years of age.

**YOU MUST REGISTER WITH SELECTIVE SERVICE.** Provide us with a copy of your registration card or a "QUICK Response letter" from Selective Service verifying your registration status. To obtain either of these documents please call Selective Service at (847) 688-6888 or you may visit their website at [www.sss.gov](http://www.sss.gov).

### Category B

I am a male U.S. citizen or eligible immigrant, 26 years or older, who has never registered with Selective Service.

- Submit documentation as proof of when you first entered the U.S.
- Submit a detailed explanation of why you **did not** or **could not** register.
- You must obtain a Status Information Letter from Selective Service

**SUBMIT A COPY OF THIS LETTER AND DOCUMENTATION TO OUR OFFICE FOR REVIEW**

### Category C

I certify that I am not required to be registered with Selective Service because:

- \_\_\_\_\_ I am female. (Please submit a copy of your driver's license).
- \_\_\_\_\_ I am in the Armed Services on active duty. Attach a copy of active duty military I.D.  
(*Note: Does not apply to members of the Reserves National Guard who are not on active duty.*)
- \_\_\_\_\_ I have not reached my 18th birthday.
- \_\_\_\_\_ I was born before 1960. Attach a copy of your driver's license or birth certificate.
- \_\_\_\_\_ I am a resident of the Federal States of Micronesia or the Marshall Islands or permanent resident of the Trust Territory of the Pacific Islands (Palau).

If you believe you are already registered, regardless of your age, you must contact the Selective Service at (847) 688-6888. Since written documentation is required to resolve any discrepancy, you are responsible for contacting Selective Service. We are unable to process any aid until all documents are received.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Park Campus**  
615 City Park Ave.  
New Orleans, LA 70119  
(504) 671-5040  
(504) 483-4289 Fax

**Slidell Learning Center**  
320 Howze Beach Road  
Slidell, LA 70461  
(504) 671-6614  
(985) 646-6465 Fax

**Westbank Campus**  
2600 General Meyer Ave.  
New Orleans, LA 70114  
(504) 762-3100  
(504) 361-6257 Fax

**Charity School of Nursing**  
450 S. Claiborne Ave.  
New Orleans, LA 70112  
(504) 571-1335/1336  
(504) 571-1412 Fax

**Covington**  
317 N. Jefferson Ave.  
Covington, LA 70433  
(504) 671-6617  
(985) 893-6316 Fax