

Selective Service Registration Requirement Exemption Form

Applicant Name:			
Date of Birth:		Last Four digits of SS#:	xxx-xx-
Date entered the U.S. (if applicable):			

I _____, have reviewed the above applicant's documentation contained herein and have determined that the applicant's failure to register with Selective Service was not a knowing and willful failure due to the following reason listed below:

- The applicant entered the U.S. after the age of 26 (*documentation attached*).
- The applicant served in the U.S. Armed Forces (*copy of DD214 form provided by applicant attached*).
- Evidence was presented indicating that the reason the applicant did not register for Selective Service was "not a knowing or willful failure" (*documentation attached*).
- The applicant was disabled and was continually confined to a residence, hospital or institution (*documentation attached*).
- The applicant was hospitalized, institutionalized or incarcerated (*documentation attached*).

Comments:

Program Staff Signature:

Date