

Selective Service Registration Statement (FSSERV)

Student's Name (PRINT): _____ Phone: (____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

In accordance with Texas Education Code, Section 51.9095, male students must file a selective service statement of registration status with their institution or other entity granting financial assistance. For more information about the selective service system, visit sss.gov.

Registration Status

Are you currently registered for Selective Service, as required by federal law?

- Registered
- Not Registered
- Exempt

Please check one of the following that applies to why you did not register with *Selective Service*.

- I am not required to file because I am a female.
- I entered the United States after my 26th birthday. **Attached is documentation to verify this statement.**
- I did not register with *Selective Service* because I had a lawful nonimmigrant status between my 18th and 26th birthdays, and was not required to register. **Attached is documentation to verify this statement. In addition to the documentation, a status information letter must be obtained from the Selective Service Administration. Request form can be downloaded from www.sss.gov.**
- I entered the *United States* between my 18th and 26th birthday as a legal non-resident. I am now over 26 years of age and cannot register with *Selective Service*. **Attached is documentation to verify this statement.** I did not register because:

- Other:

2022-2023



Supporting documentation must be attached to this form.

Certification

I, _____, hereby certify that the selective service status provided is true and correct. I understand that I must provide documentation if requested by my institution that I may be required to complete a new statement for each academic year for continued eligibility.

Student Signature: _____

Date: _____

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HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

2022-2023



Student's Name (PRINT): _____ HCC ID: _____

To be completed by a financial aid representative

Ineligible as a result of not registering when required.

Reason for ineligibility determination: _____

Special Circumstance has been approved.

Reason for approval: _____

Financial Aid Representative Name and Title

Financial Aid Representative Signature

_____ Date

Date student was notified of approval or denial: _____