

## Kean University Office of Financial Aid 1000 Morris Avenue Union, NJ 07083

## 2019-2020 Selective Service Appeal Form

Student Name:	Kean ID #:
	18 and older, born after 1959, to be registered with the Selective bility. The Selective Service System could not confirm your register after age 26.
Under certain conditions, the Selective waiver, please submit one of the following the selective waiver.	re Service registration requirement can be <i>waived</i> . To request a owing:
_	our 26 <sup>th</sup> birthday, e.g., passport or I-94 with a USCIS (or INS)
	ge from Active Duty (Form DD-214) showing service in the U.S. es and National Guard) before age 26.
_	cate or other document with assigned sex of female at birth. SS (codes E1-E8), stating that you were not required to register.
with the SSS was not knowing and waregistration requirement. You must fit	re documents but can demonstrate that your failure to register illful, then you may appeal to this office for a waiver of the rst request a <b>Status Information Letter</b> (SIL) from SSS at tus-Information-Letter or by calling 1-888-655-1825. Upon following:
• •	by you did not register with the SSS before age 26.
• Document(s) to support your state	ement, e.g., entry into U.S., incarceration, or hospitalization.
For each attachment, p	rint your name and Kean ID at the top of the page.
	ew your appeal and notify you of your eligibility for Federal decision is final and cannot be appealed to the Selective Service ucation.
I certify the attached information is tr	rue, correct, and complete.
Student Signature:	Date: