Financial Aid Office Confluence – Room 120 Campus Box 206 P.O. Box 173363 Denver, CO 80217

Fax: 303-556-5458 Phone: 303-556-5503 Email: <u>financialaid@ccd.edu</u> Website: <u>www.ccd.edu/finaid</u>



SELECTIVE SERVICE VERIFICATION

Student Name (print):		
SID#: S	Phone:	
Email:	account is the only email CCD v	@student.cccs.edu will accept for correspondence.
Student Signature:		Date:
Selective Service System. Service registration could not you must submit this complet	nber 31, 1959 are required to Your FAFSA cannot be processed be confirmed. In order for your red form along with proof of regions form cannot be processed withou	d because your Selective FAFSA to be processed, istration for or exemption
Submitting this form does	not guarantee you will be av	varded financial aid at CCD.
Select the statement that des documentation.	cribes your circumstance and at	tach the required
☐ I was born before January birth (state/federal ID or b	1, 1960. Attach documentation irth certificate).	n confirming your date of
	uty in the United States Armed F . Attach DD-214. (To request a 27-1000.)	·
	elective Service System. Attach ww.sss.gov or call 1-847-688-6	
	er for Selective Service because tach a copy of your date-stampe	
Attach a detailed explanati	lective Service but these options on addressing why you did not relective Service. (To request a S	