

DIRECTIONS

Your financial aid application cannot be processed because your Selective Service registration status could not be confirmed. Processing of your application will continue after you **complete the Registration and Confirmation sections of this form, sign, and return it** along with any required documentation to the Financial Aid Office. If you have any questions, please contact a Financial Aid counselor at 478-757-5205.

SECTION A. Registration status

Please check the box that makes a true statement of your circumstances. If requested, attach a copy of the documentation that supports the statement.

- 1. I am female.
- 2. I am male and was born before January 1, 1960.
- 3. I am male and have not reached my 18th birthday.
- 4. I am a male veteran or in the Armed Services on active duty (Does not apply to members of the Reserves or National Guard). *Attach a copy of your discharge letter (DD214) or active duty military identification card.*
- 5. I am male and a resident of the Federal State of Micronesia or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).
- 6. I am registered with Selective Service. *Attach documentation of your registration status.* You can obtain your registration status by logging onto the Selective Service website at www.sss.gov or calling 1-847-688-6888.
- 7. I am a male, 26 or older, and not registered with Selective Service. You must obtain and provide us with a written advisory opinion from the Selective Service in order to receive financial assistance. For more information regarding this, please call or write to:
C/O Selective Service, ADV, P.O. Box 4638, North Suburban, IL 60197-4638

SECTION B. Certification

By signing this form you certify that the information provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered. Please type or print neatly in ink the information requested before signing.

Name (last, first, middle initial)	Birth date	Social Security Number
Signature	Phone (day)	Date Signed

Return this form by mail to:

Financial Aid Office
4760 Forsyth Road
Macon, GA 31210

Questions?

Phone: 478-757-5205
Email: financialaid@wesleyancollege.edu
Fax: 478-757-3780

Office Use Only:

ISIR correction needed Yes No

Correction made to ISIR via FAA Access to CPS Online on ____/____/____ to transaction # _____