

LWIA #26 Selective Service Verification Form

Verification Questions:

Please answer the following questions concerning your status in the selective service system. If you need more space to complete this form or include additional information, you can attach the explanation or item(s) in question to the end of this form.

1. Are you a male, born after January 1, 1960 who has reached the age of 18 or will within the next 30 days? Yes No

2. If you answered yes to question 1, have you registered with Selective Services? Yes No

3. Did you serve more than 180 days on full-time active military duty anytime between the ages of 18-26? Yes No Documentation in File:

4. Did you attend a service academy anytime between the ages of 18-26? Yes No Documentation in File:

5. Were you disable or confined to a residence, hospital or institution anytime between the ages of 18-26? Yes No Documentation in File:

6. Were you incarcerated continuously between the ages of 18-26? Yes No Documentation in File:

7. Did you enter the United States for the first time after you reached the age of 26? Yes No Documentation in File:
During this time between your 18th and 26th birthday, what was your permanent mailing address? (if you had more than one permanent address during this time, include the other addresses on separate sheet)

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ Country: _____

8. Did you deliberately fail to register with selective services? Yes No

9. If not, why did you fail to register?

Customer Name: _____ (please print)

Customer's Signature: _____ Date: ___/___/___

Did Customer Fill out DCEO/SS Form #001 Yes No SIL Pending

Case Manager's Signature: _____ Date: ___/___/___

Waiver Approved Waiver Denied Waiver Revoked

LWIA26 Signature Approval _____ Date: ___/___/___