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Student's Name

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Social Security Number

**PLEASE COMPLETE AND RETURN TO THE FINANCIAL AID OFFICE**

**A) Please read below**

**B) Answer the questions**

**C) Sign at the bottom**

The processing of your financial aid application cannot continue until you provide further information. This worksheet has been sent to you because the Federal Government has no record of you registering for Selective Services.

**Circle the correct answer:**

- |    |   |     |                                  |
|----|---|-----|----------------------------------|
| 1. | Are you male?   | Yes | No (if no, just sign and return) |
| 2. | Have you registered for Selective Services?                         | Yes | No                               |
| 3. | Have you received your registration papers from Selective Services? | Yes | No                               |

**IF YOU HAVE ANSWERED "YES" TO THE ABOVE:**

Please return this form and provide copies of the registration papers you have received.

**IF YOU HAVE ANSWERED "NO" TO EITHER QUESTION 2 OR 3 ABOVE:**

Please fill out the section below.

I, \_\_\_\_\_, give the McHenry County College Office of Financial Aid permission to register me for Selective Services.

**PLEASE SIGN THIS FORM BEFORE RETURNING**

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Signature of Student

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Date

**Return to:**

**MCC Financial Aid Office  
8900 US Highway 14  
Crystal Lake, IL 60012**