_____ _____

Student's Name 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 RETURING

_____ _____

Signature of Student Date

Return to:

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