

## Selective Service Registration Statement (FSSERV)

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Student's Name (PRINT): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

HCC ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Campus: \_\_\_\_\_  
(9-digit number required) (Primary location of attendance)

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In accordance with Texas Education Code, Section 51.9095, male students must file a selective service statement of registration status with their institution or other entity granting financial assistance. For more information about the selective service system, visit [sss.gov](http://sss.gov).

### Registration Status

Are you currently registered for Selective Service, as required by federal law?

- Registered
- Not Registered
- Exempt

Please check one of the following that applies to why you did not register with *Selective Service*.

- I am not required to file because I am a female.
- I entered the United States after my 26<sup>th</sup> birthday. **Attached is documentation to verify this statement.**
- I did not register with *Selective Service* because I had a lawful nonimmigrant status between my 18<sup>th</sup> and 26<sup>th</sup> birthdays, and was not required to register. **Attached is documentation to verify this statement. In addition to the documentation, a status information letter must be obtained from the Selective Service Administration. Request form can be downloaded from [www.sss.gov](http://www.sss.gov).**
- I entered the *United States* between my 18<sup>th</sup> and 26<sup>th</sup> birthday as a legal non-resident. I am now over 26 years of age and cannot register with *Selective Service*. **Attached is documentation to verify this statement.** I did not register because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 2023-2024



Supporting documentation must be attached to this form.

## Certification

I, \_\_\_\_\_, hereby certify that the selective service status provided is true and correct. I understand that I must provide documentation if requested by my institution that I may be required to complete a new statement for each academic year for continued eligibility.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Selective Service Registration Statement (FSSERV)

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HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

# 2023-2024



Student's Name (PRINT): \_\_\_\_\_ HCC ID: \_\_\_\_\_

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**To be completed by a financial aid representative**

Ineligible as a result of not registering when required.

Reason for ineligibility determination: \_\_\_\_\_

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Special Circumstance has been approved.

Reason for approval: \_\_\_\_\_

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Financial Aid Representative Name and Title

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Financial Aid Representative Signature

Date

Date student was notified of approval or denial: \_\_\_\_\_