

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

**BY MAIL TO:**

One Stop Student Services  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services**  
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit [studentprivacy.ed.gov](http://studentprivacy.ed.gov).

**No need to print this cover page.**

## SELECTIVE SERVICE REGISTRATION NUMBER CONFIRMATION

LSSREG

**Males, ages 18 through 25, are required by law to register with the Selective Service in order to qualify for financial aid.**

**RETURN FORM:****BY MAIL TO:**

One Stop Student Services  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services**  
23 Solon Campus Center

**QUESTIONS?**

Phone: 218-726-8000  
TTY (hearing impaired):  
800-627-3529  
Email: umdhelp@d.umn.edu

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information.  
Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	

**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 have registered with the Selective Service. Attach documentation of your registration status. You can obtain your registration status by logging onto the Selective Service Web page at <http://www.sss.gov>, or by calling 1-847-688-6888.
3. I am a veteran of active duty in the U.S. armed forces (do not count guard and reserves). Attach a copy of your discharge letter (DD214). If you need to obtain a copy of your DD214, please call the Veterans Administration at 1-800-827-1000.
4. I was born before January 1, 1960.
5. I am not registered, but I have received a *Status Information Letter* from the Selective Service. Attach a copy of your *Status Information Letter*.
6. I am age 26 or older and not registered with the Selective Service. Follow the instructions for the option that best describes your situation:
- a.) I became a US citizen or permanent resident before turning age 26.  
To obtain a *Status Information Letter* from the Selective Service, call 1-847-688-6888, or download the *Request for Status Information Letter* form and directions for completing it at <http://www.sss.gov/instructions.html>. Once you have received your *Status Information Letter* from the Selective Service, check Statement 5 (above on this form), complete and sign the certification section (below), attach a copy of your *Status Information Letter*, and return both documents to the address at the top of this form.
- b.) I am not required to register because I entered the U.S. for the first time after turning 26 years old.  
Provide documentation, such as copies of your entry visa and all pages of your passport.
7. None of the above accurately describes my situation. I have attached a letter explaining my situation and any supporting documentation I have.

**Certification**

I certify that all information provided is true and correct to the best of my knowledge.

Student signature

Date



To request copies of this form in an alternative format: 218-726-8000.  
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