

## **EASTERN ILLINOIS UNIVERSITY**

## **Selective Service Compliance Card**

Print Name	
Social Security Number:	
unless you complete this statement and, if req	ncial aid or financial aid funded in whole or in part by this state uired, give proof to your school of your registration compliance. istered or that you are not required to be registered, you may be J.S.C. 1091 and 50 U.S.C. Appt 463).
PLEASE CHECK ONE OF THE FOLLOWOURSELF:	WING STATEMENTS THAT BEST APPLIES TO
ONE) I certify that I am not requi	· ·
I was born before 1960.  I am a permanent resident of Marianna Islands.  I am a nonresident, nonimm I certify that I am registered	-
I declare under penalty of perjury that the fore	egoing is true and correct.
Student Signature:	Date:
Please print, complete and return form to: Eastern Illinois University Office of Financial Aid	

Office of Financial Aid Student Services Building Charleston IL 61920

Phone: 217-581-6405 Fax 217-581-6422