



STUDENT INFORMATION

First Name	Last Name	Middle	Student ID#

INSTRUCTIONS

Based on a review of your 2023-2024 FAFSA by the U.S. Department of Education, the University of Dayton is required to verify that you have registered with the Selective Service System. Please use this form to upload an electronic copy of your official letter of verification. The letter must include your selective service number, full name, and date of registration.

Although registration with Selective Service is no longer required for federal aid eligibility, the State of Ohio requires male students between the ages of 18 and 26 who are Ohio residents to verify they have registered with the selective service in order to be considered for financial aid from the state. For more information about how to register, you may call (847) 688-6888 or visit <https://www.sss.gov>.

- If you need to register, please use the [Selective Service System Online Registration Form](#). Enter your information and download an electronic copy of your letter confirming your registration.
- If you need proof of your existing registration, please use the [Selective Service Online Registration Search](#). Enter your information and select the "Print Letter" option to download an electronic copy of your letter.

You must complete this request before we can finalize and apply financial aid to your account. We encourage you to submit this form **within 30 days of receipt**.

Failure to comply with this request can result in the loss of financial aid for the year.

PROOF OF REGISTRATION

- I have registered with the Selective Service and have attached an official letter of verification.
- I am not required to register with the Selective Service System due to my age or other [exemption](#). If you are exempt from registration and were/are a non-U.S. citizen, please review [this chart](#) and provide corresponding documents to prove exemption.

SIGNATURE

I hereby affirm that all information I reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.

Student Signature _____ Date _____

Office of Financial Aid
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