AMERICAN SAMOA COMMUNITY COLLEGE FINANCIAL AID OFFICE P.O. Box 2609 Pago Pago, AS 96799

REQUEST FOR WAIVER FOR NON-REGISTRATION WITH SELECTIVE SERVICE BEFORE THE AGE OF 26

NAME OF STUDENT:		
	SSN:	
	DATE OF BIRTH:	
I here	eby request a waiver for registration with the Sel	ective Service System for the following reason:
[]	I am a Non-Citizen U.S. National. The U.S. Te state of residence. I have never resided in th	rritory of American Samoa is (and has always been) my le U.S. Mainland.
[]	until I applied for Federal Student Aid at the	ister for Selective Service between the ages of 18 and 25 American Samoa Community College. Had I know and I would have registered sooner after my 18 th birthday.
[]	I served in the Military on: Active Duty Service from	to
	Reserve Duty Service from	to
	Military School Service from	to
	Military school attended	
[]	I have been Incarcerated from	to
	Institutionalized from	to
	Hospitalized from	to
	Confined to home from	to
		Date:
	Student signature	
[]	lack of awareness and not "Knowingly" or "V	quest for waiver conclude that his failure to register was Villfully". Therefore, in accordance with federal laws llege the student is eligible to receive Title IV Federal
[]	Not Approved due to:	
	Director Financial Aid Office	Date:

• This documentation is to be a part, and remain a component, of the student's file.