



**WALLACE
COMMUNITY
COLLEGE**

SELECTIVE SERVICE STATUS/DOCUMENTATION

ONLY MALES BETWEEN THE AGES OF 18 AND 26 YEARS OLD MUST COMPLETE

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF EMPLOYMENT: _____

I certify by my signature that the statement I have checked in Section I accurately describes my selective service status:

SECTION I:

_____ I have complied with the applicable provisions of the United States Selective Service Act (50 U.S.C. App 453) by having registered with the Selective Service Board.

Complete Section II.

_____ I am not yet 18 years of age; and I will register when I reach 18

_____ I am not required by law to register because:

- a. I am not a United States citizen
- b. Other (You must state reason below)

SECTION II:

My Selective Service number is: _____.

I am classified as: _____.

Employee signature: _____

Today's Date: _____