



OHIO
UNIVERSITY

Statement of Draft Registration Compliance

Section 3345.32 of the Ohio Revised Code became effective September 26, 1986 requiring that male students who are Ohio residents must register for selective service and verify that they have registered with the selective service in order to be considered in-state residents to attend Ohio public colleges and universities.

Ohio University and its male students are required to comply with the provisions of this law relating to verification; please do so by making the appropriate statement and signing your name.

Print Last Name First Middle Initial Social Security Number

- I am not required to be registered with selective service or provide verification because:
(check one below)
 - I am female.
 - I am an Ohio resident under the age of eighteen (18) years old and am therefore not currently required to register with the selective service. (I understand on my 18th birthday I must register for the selective service and notify Ohio University upon receipt of the selective service number.)
 - I am an Ohio resident and have attained the age of twenty-six years, and am therefore not required to register with the selective service. Date of birth is ____ / ____ / ____.
 - I am on active duty with the Armed Forces of the United States OTHER THAN for training in a Reserve or National Guard unit.
 - I am not a resident of the State of Ohio and am therefore not covered by the Ohio law.
 - I am a non-immigrant lawfully in the United States and not required to register.
List Visa type _____.
- I am a male, Ohio resident between the ages of eighteen and twenty-six (**date of birth is** ____ / ____ / ____) and have registered with the selective service. My **selective service number is** _____.
(NOTE: If you are registered, but have not received or have lost your number, call 1-847-688-2576.)
- I have recently registered with selective service but have not yet received my selective service number. Date registered ____ / ____ / ____.
(NOTE: If you check this statement, sign and return this form now. Do not wait until you receive your selective service number to mail this form.)

Complete and return this form to the Office of the Registrar, Chubb Hall, Ohio University, Athens, Ohio 45701.

Failure to return the form or to verify selective service registration for those who are required to do so will result, as the law stipulates, in the assessment of the out-of-state surcharge and the loss of financial aid.

I certify that the above information is correct and complete.

Signature _____ Date ____ / ____ / ____