

Waiver Request for Selective Service Requirement

First Name: _____

Last Name: _____

Social Security Number: _____

Date of Birth: _____

The applicable documentation is attached to the support the waiver request:

- Selective Service Failure to Register Self-Attestation Statement
- Status Information Letter
- Supporting documentation or the WIOA Customer Statement form demonstrating the applicant was not required to register for Selective Service

Comments: _____

WIOA Program Staff

Signature

Date

Based on the documentation provided, the waiver request has been:

Approved

Denied

WIOA Program Manager

Signature

Date