

SELECTIVE SERVICE SYSTEM

CLAIM DOCUMENTATION FORM - DIVINITY STUDENT (RIPS/RIMS)

Date Issued

Complete and Return Not Later than

	WERRING A SERECTIVE SELVIC				
Registrant's Selective Service N		to. Full Name Complete Address	Local B	Local Board No. Area Office Address	
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INCORPORA	Morio do provens	- -	L		
attached, to i	the Adea Office snown above. If	is form is provided to help you furnish the proper pomplete and submit Part II (and Part III if required for your address is different from that shown about the law and supplied the law and supplied to the law and supplied the law and supplied to the law and supplied the law and supplied to th	ove, line out the incorrect information	and print or type the community	
		a violation of the law and, upon conviction	is punishable by imprisonment for	up to five years or a fine of not more	
PART I. T	O BE COMPLETED BY RE	GISTRANT			
1. Provid	de the name and address of from an administrative of	f the church or religious organization ficial of the church or religious organ	under whose direction you are uization.	preparing for the ministry. Att	
. Check	the box that applies to yo	u and furnish the information reques	ted.		
а. 🗆	I am currently pursuing satisfactory. (SUBMIT	g a full-time course of instruction in PART II)	a recognized theological or di	vinity school, and my progress	
		(Name and Address of	f Theological or Divinity School)		
b . □	I am currently pursuing a which I have been pre-en	a full-time course of instruction leadi nrolled or accepted for admission, ar		d theological or divinity school (Submit Part II and Part III)	
			the School Currently Attending)		
		•	,		
			·		
с. 🗆	I have completed theolo satisfactory. My studies a		e Theological or Divinity School)	nte program, and my progress is on. (Submit Part II)	
с. 🗆	I have completed theolo satisfactory. My studies a	(Name and Address of the gical or divinity school. I am current are related to and leading to entry into	e Theological or Divinity School) ortly pursuing a full-time gradua o service as a minister of religi	nte program, and my progress is on. (Submit Part II)	
d. 🗆	I have completed theologic	(Name and Address of the gical or divinity school. I am current are related to and leading to entry into	e Theological or Divinity School) tly pursuing a full-time gradua o service as a minister of religi	on. (Submit Part II)	
d. 🗆	I have completed theologic	(Name and Address of the gical or divinity school. I am current are related to and leading to entry into the control of the co	e Theological or Divinity School) tily pursuing a full-time gradua o service as a minister of religi dress of School) pursuing a full-time internship is satisfactory. (Submit Part II)	on. (Submit Part II)	
d. D	I have completed theologic to entry into service as a m	(Name and Address of the gical or divinity school. I am currently are related to and leading to entry into (Name and Address of the call or divinity school. I am currently prinister of religion, and my progress (Name and Address to complete your course of study of	the theological or Divinity School) thy pursuing a full-time gradua o service as a minister of religit dress of School) pursuing a full-time internship is satisfactory. (Submit Part II) ess of School) or internship:	on. (Submit Part II) which is related to and leading	
d. D Provide the	I have completed theologic to entry into service as a management	(Name and Address of the gical or divinity school. I am current are related to and leading to entry into (Name and Address of the currently school. I am currently sinister of religion, and my progress (Name and Address of the current Address of the current School	e Theological or Divinity School) tily pursuing a full-time gradua o service as a minister of religi dress of School) pursuing a full-time internship is satisfactory. (Submit Part II) ess of School) or internship:	on. (Submit Part II) which is related to and leading	
d. D Provide the	I have completed theologic to entry into service as a management. It is a service as a management of the complete the comp	(Name and Address of the gical or divinity school. I am current are related to and leading to entry into (Name and Address of divinity school. I am currently inister of religion, and my progress (Name and Address to complete your course of study of lappearance before the Local Board appear in person, check the box belower and address of the complete your course of study of lappearance before the Local Board appear in person, check the box belower and divinity school.	e Theological or Divinity School) tily pursuing a full-time gradua o service as a minister of religi dress of School) pursuing a full-time internship is satisfactory. (Submit Part II) ess of School) or internship: and present information about w.	on. (Submit Part II) which is related to and leading	
d. Provide the You are er as a divini	I have completed theologic to entry into service as a more date by which you expenditiled to request a personal ty student. If you wish to a CATION: I certify that all	(Name and Address of the gical or divinity school. I am current are related to and leading to entry into (Name and Address of the call or divinity school. I am currently prinister of religion, and my progress (Name and Address to complete your course of study of appearance before the Local Rosed	e Theological or Divinity School) tily pursuing a full-time gradua o service as a minister of religi dress of School) pursuing a full-time internship is satisfactory. (Submit Part II) ess of School) or internship: and present information about w. y claim to the Local Board.	on. (Submit Part II) which is related to and leading which is related to and leading	
d. Provide the You are er as a divini	I have completed theologic to entry into service as a more date by which you expenditiled to request a personal ty student. If you wish to a CATION: I certify that all	(Name and Address of the gical or divinity school. I am current are related to and leading to entry into (Name and Address of the call or divinity school. I am currently prinister of religion, and my progress (Name and Address to complete your course of study of appearance before the Local Board appear in person, check the box belows to appear in person and present must be formation I have provided a cand complete to the best of my known are related to and complete to the best of my known are related to and complete to the best of my known are related to and complete to the best of my known are related to and complete to the best of my known are related to and leading to entry into the complete to the best of my known are related to and leading to entry into the complete to the best of my known are related to and leading to entry into the complete to the best of my known are related to and leading to entry into the complete to the best of my known are related to and leading to entry into the complete to the best of my known are related to and leading to entry into the complete to the best of my known are related to and leading to entry into the complete to the leading to the complete to the leading to the compl	e Theological or Divinity School) tily pursuing a full-time gradua o service as a minister of religi dress of School) pursuing a full-time internship is satisfactory. (Submit Part II) ess of School) or internship: and present information about w. y claim to the Local Board.	on. (Submit Part II) which is related to and leading which is related to and leading	



SELECTIVE SERVICE SYSTEM

CLAIM DOCUMENTATION FORM - DIVINITY STUDENT (RIPS/RIMS)

Date Issued Complete and Return Not Later than Registrant's Selective Service No. Full Name Complete Address Local Board No. Area Office Address ٦ L INSTRUCTIONS: Check the box which describes the status of the person identified on this form and provide the information requested. Return this form to the Area Office sown WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,800, OR BOTH. PART II. TO BE COMPLETED BY THEOLOGICAL OR DIVINITY SCHOOL STUDENT STATUS The person identified above is satisfactorily pursuing a full-time course of instruction in the theological or divinity school indicated above. (Date Entered) (Term Ends) The person identified above has been pre-enrolled or accepted for admission in the theological or divinity school identified below. (Date Pre-enrolled or Accepted) (Date this Instruction Beings) The person identified above has completed theological or divinity school and is satisfactorily pursuing a full-time graduate program in the institution identified below. The internship is related to entry into service as a minister of religion. (Date Entered) The person identified above has completed theological or divinity school and is satisfactorily pursuing a full-time internship in the institution identified below. The internship is related and leading to entry into service as a minister of religion. (Date Internship Begin) (Scheduled Completion Date) CERTIFICATION l certify that all of the information I have provided on this form is true, accurate and complete to the best of my knowledge and belief. (Signature and Title of Authorized Official) (Name and Address of Institution) (Date) The Military Selective Service Act and Selective Service Regulations authorizes the Selective Service System to receive the information requested on this form. However, you **Privacy Act Statement** are not required to provide that information.. The principal use of the requested information is to assist the Selective Service to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated: Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act. Immigration and Naturalization Service - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship. Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).



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CLAIM DOCUMENTATION FORM - DIVINITY STUDENT (RIPS/RIMS)

	Date Issued					Complete - 1 P					
	Registrant's Selective Service No. Full Name Complete Address				Complete and Return Not Later than						
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	INS	TRUCTIONS: Provide the information	on requested concerning the person	on identified on	this form and return it to	o the Area Office shown above as proj	_				
	WILI	LFUL SUBMISSION OF FALSE INFOR	MATIONIS A VIOLATION OF TH	DE LANGARDA	The second secon	o the Area Office shown above as pro-	mptly as possible.				
ŀ	OK A	FINE OF NOT MORE THAN \$250,000	OR BOTH.	ILLLAW AND,	upon conviction, is i	o the Area Office shown above as pro- PUNISHABLE BY IMPRISONMENT FO	R UP TO FIVE YEARS				
	PAR	TIII. TO BE COMPLETED BY SCI	HOOL CUDDENTY V ATTENDED								
		(Submitted only on behalf of	those registrant pre-enrolled or a	accepted for ad	mission in a recognized t	OR DIVINITY SCHOOL					
ı	1.	STUDENT STATUS			-	or actually school)					
		The student identic to									
- 1		The student identified above	is satisfactorily pursuing a	full-time con	urse of instruction in	theyear of a					
- 1		program at the college, univer	sity or similar institution o	of leading to	la contrar and a	(Number)	(Number)				
- 1		•	y institution o	vi icanimis 10	enumed below.		(**************************************				
		(Date I	Entered)		(I	Pate Semester or Quarter Ends)					
-		(Date Expected to (Complete Last Year)								
12		CERTIFICATION	·			(Field of Study)					
-		CENTIFICATION					- 1				
-	1	I certify that all of the information I have provided on this form is true, accurate and complete to the best of my knowledge and belief.									
-			on I have provided on this	torm is true,	accurate and compl	ete to the best of my knowledge	e and belief.				
1											
1	-						1				
1					(Signature	and Title of Authorized Official)	[
1		(Name and Addres	s of Institution)			,					
<u></u>						m					
						(Date)					
1			Priv	acy Act Staten	ent						
The	Milita	ary Selective Service Act and Selective	Service Regulations authorizes	the Selection C	-1. 6	the information requested on this form	1				
are	not req	luired to provide that information,	gand adabornag	me acientive 26	ervice System to receive	the information requested on this form	. However, you				
The	princi	pal use of the requested information is	to assist the Selective Service to	adiodis		t and/or reclassification promptly and	1				
infor	matio	n may be furnished to the following ag	gencies for the purposes indicated	i: sujudicate you	r claim for postponemen	t and/or reclassification promptly and	equitably. This				
De	epartn	nent of Justice - to review and proces	S Silemented violations and it was								
		Military Selective Service Act.	- suspected violations of the Mili	stary Selective S	Service Act and to litigate	civil actions occurring under or incide	ent to the				
		Bureau of Investigation - to locate a									
		- CO TOCATO E	in monthidual suspected of violatio	on of the Militar	V Salantina Camilan A .		i				

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act,

Immigration and Naturalization Service - to provide information for use in determining an individual's eligibility for reentry into the United States and for United States

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and/or reclassification because of insufficient information.

PROCEDURAL DIRECTIVE CLAIM DOCUMENTATION FORM - DIVINITY STUDENT SSS FORM 23 (RIPS/RIMS)

1. PURPOSE

This form is provided to a registrant to assist in documenting a claim for classification as a Divinity Student (Class 2-D) and in requesting a personal appearance in connection with his claim.

2. PREPARATION

The form is prepared in original only following the timely submission of a claim for Class 2-D by the registrant. The Area Office fills in the information in the heading of the form.

The registrant completes Part I.

The theological or divinity school completes Part II.

When appropriate, the college, university or similar institution of learning completes Part III.

3. <u>DISTRIBUTION</u>

The form is provided to the registrant as indicated. The registrant and the school(s) return the completed form to the Area Office. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. **DISPOSAL**

The form is retained in and destroyed with the Registrant File Folder (SSS Form 101).