



# SELECTIVE SERVICE SYSTEM

## CLAIM DOCUMENTATION FORM POSTPONEMENT OF INDUCTION (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

**INSTRUCTIONS TO REGISTRANT:** This form is provided to help you furnish the proof to support your claim for postponement of your induction. Check the box beside as many statements as apply to you and furnish the proof requested. If more space is needed, use additional sheets of paper. Return this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

**WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS, A FINE OF NOT MORE THAN \$250,000 OR BOTH.**

**PART I. CHECK ANY OF THE FOLLOWING BOXES THAT APPLY TO YOU AND FURNISH THE PROOF REQUESTED FOR EACH BOX YOU CHECK.**

1.  I AM A FULL-TIME STUDENT. (Check the box below which applies to your student status.)
  - I am under age 20 and satisfactorily pursuing a full-time course of instruction at a high school or similar institution of learning.
  - I am age 20 and satisfactorily pursuing a full-time course of instruction in my last academic year at a high school or similar institution of learning.
  - I am satisfactorily pursuing a full-time course of instruction at a college, university or similar institution of learning.

*(A Student Certificate (SSS Form 109) is enclosed. Have it completed and signed by an authorized official of your school and returned to the Area Office.)*
2.  DEATH IN MY IMMEDIATE FAMILY.
 

*(Furnish a copy of the death certificate or a written statement signed by the attending physician and a written statement signed by a person other than yourself, attesting to your relationship to the deceased.)*
3.  MY ILLNESS OR INJURY.
 

*(Furnish the attending physician's written statement of your condition and the date you can be expected to report for induction.)*
4.  EMERGENCY BEYOND MY CONTROL.
 

*(Furnish your written statement and that of another person describing the emergency condition, the expected duration of that emergency, and why a postponement of your induction is necessary.)*
5.  I AM QUALIFIED AND SCHEDULED FOR A STATE OR NATIONAL EXAMINATION IN A PROFESSION OR OCCUPATION THAT REQUIRES LICENSING OR CERTIFICATION BEFORE I CAN BE AUTHORIZED TO PRACTICE THAT PROFESSION OR WORK AT THAT OCCUPATION.
 

*(Furnish a statement signed by an authorized official certifying that you have been schedule to take the examination and the date of the examination.)*
6.  I HAVE BEEN ACCEPTED INTO THE NEXT SUCCEEDING CLASS AS A CADET OR MIDSHIPMAN AT ONE OF THE U.S. SERVICE ACADEMIES.
 

*(Furnish a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or statement signed by an official certifying that you have been accepted and the date on which you are to report.)*
7.  I HAVE BEEN ACCEPTED FOR THE NEXT SUCCEEDING ROTC FIELD TRAINING PROGRAM PRIOR TO MY ENROLLMENT IN THE ROTC PROGRAM.
 

*(Furnish a copy of your Enlistment/Reenlistment document - Armed Forces of the United States (DD Form 4) or written proof signed by an officer of the ROTC program in which you are to be enrolled.)*

(Continued on reverse)

8.  I HAVE BEEN ACCEPTED AS A SCHOLARSHIP STUDENT IN THE NEXT SUCCEEDING ROTC PROGRAM AT A COLLEGE OR UNIVERSITY.

*(Furnish written proof signed by an official of the ROTC Program in which you have been accepted.)*

9.  I HAVE BEEN ORDERED TO REPORT FOR INDUCTION ON A RELIGIOUS HOLIDAY WHICH IS HISTORICALLY OBSERVED BY THE CHURCH, RELIGIOUS SECT OR RELIGIOUS ORGANIZATION OF WHICH I AM A MEMBER.

*(Furnish the date(s) and identify the holiday, and the church, religious sect or religious organization.)*

10.  OTHER REASONS. (Describe the reason(s) and furnish documentary proof to substantiate those reasons.)

**PART II LIST BELOW ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM.**

**PART III CERTIFICATION**

I certify that all of the information I have provided on this form and upon other documents I am submitting to support this claim is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(SIGNATURE OF REGISTRANT)

\_\_\_\_\_  
(DATE)

**Privacy Act Statement**

The Military Selective Service Act and Selective Service Regulations authorizes the Selective Service System to receive the information requested on this form. However, you 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 Military Selective Service Act.

**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 citizenship.

**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 - POSTPONEMENT OF INDUCTION  
SSS FORM 27  
(RIPS/RIMS)**

**1. PURPOSE**

This form is provided to a registrant to assist in documenting a claim for postponement of induction.

**2. PREPARATION**

The form is prepared in original only following the timely submission of a request for postponement. The Area Office fills in the information in the heading. The registrant completes Parts I through III, following instructions on the form.

**3. DISTRIBUTION**

The form is provided to the registrant as indicated. A Student Certificate (SSS Form 109) will be enclosed as appropriate. The registrant returns the completed form(s) to the Area Office. The completed form(s) 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).