

SELECTIVE SERVICE SYSTEM

STUDENT CERTIFICATE (RIPS/RIMS)

	Complete and Return Not Later than
ress	Local Board No. Area Office Address
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inability of	furnish the necessary proof to support your claim for ffice shown above by the date indicated above. Failure to the Selective Service System to comply with your requirements.
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our claim.	
	year (Number) illar institution of learning shown in Part II.
-	(Date Semester/Quarter Ends)
e Last Year)	-
form is true,	accurate and complete to the best of my knowledge
form is true,	
form is true,	accurate and complete to the best of my knowledge (Signature and Title of Authorized Official)
form is true,	accurate and complete to the best of my knowledge (Signature and Title of Authorized Official)
	to help you to the Area Coinability of IOLATION & E OF NOT!

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

PRIVACY ACT STATEMENT

The Military Selective Service Act and the Selective Service Regulations, authorize 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 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 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 reclassification because of insufficient information.

PROCEDURAL DIRECTIVE STUDENT CERTIFICATE SSS FORM 109 (RIPS/RIMS)

1. PURPOSE

This form is used to provide a means for a registrant to submit information substantiating his claim for student postponement of induction.

2. PREPARATION

This form will be furnished to the registrant together with the Claim Documentation Form - Postponement of Induction (SSS Form 27) upon receipt of a student postponement claim. The form will be prepared in an original only. Under the 2-step processing procedure, the heading will be prepared by either CATO or the mainframe as outlined in the RIPS Manual. Under the 1-step processing procedure, the heading will be prepared by CATO at the Area Office. Parts I and II will be completed by an authorized school official whose duties include verification of a student's status.

3. <u>DISTRIBUTION</u>

The registrant is responsible for providing his school with the form. The school will complete the form and return to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

4. <u>DISPOSAL</u>

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