SELECTIVE SERVICE SYSTEM

CLAIM DOCUMENTATION FORM - DIVINITY STUDENT (RIPS/RIMS)

Date Issued

						Complete and Return Not Later than		
			Service No. Full Name Comple	ete Address		Local Board No. Area Office Address		
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attached,	to th	e Area Office shown ab	ove. If your address is differen	t from that shown ab	ove, line out the incorrec	for classification as a divinity student. Complete Part I a type of claim you file. Return this form, with document information and print or type the correct information.		
Willful s \$250,000	ubm , or l	ission of false informat both.	ion is a violation of the law ar	nd, upon conviction	, is punishable by impri	sonment for up to five years or a fine of not more tha		
PART I.	T	O BE COMPLETED B	Y REGISTRANT					
1. Pro	ovid oof i	e the name and addi	ress of the church or religive official of the church	ious organization or religious orga	n under whose direct nization.	ion you are preparing for the ministry. Attack		
2. Ch	eck	the box that applies	to you and furnish the in	formation reques	sted.			
a.	0	I am currently pusatisfactory. (SUI	rsuing a full-time course BMIT PART II)	of instruction in	a recognized theolo	ogical or divinity school, and my progress is		
			((Name and Address	of Theological or Divinit	y School)		
b.	I am currently pursuing a full-time course of instruction leading to entrance into a recognized theological or divir which I have been pre-enrolled or accepted for admission, and my progress is satisfactory. (Submit Part II and							
					of the School Currently A	· · · · · · · · · · · · · · · · · · ·		
			(Na	ame and Address of t	he Theological or Divini	ty School)		
c.		I have completed a satisfactory. My str	heological or divinity sch udies are related to and le	hool. I am curre eading to entry in	ntly pursuing a full- to service as a minis	time graduate program, and my progress is ster of religion. (Submit Part II)		
				(Name and A	ddress of School)			
đ. [<u>:</u> د	I have completed the to entry into service	eological or divinity schoo as a minister of religion,	ol. I am currentl	v nursuing a full-tim	e internship which is related to and leading omit Part II)		
	-			(Name and Add	ress of School)			
Provid	de th	e date by which you	expect to complete your	course of study	or internship:			
You a	ге ег	ntitled to request a po		e the Local Board	d and present inform	ation about your claim for reclassification		
			I wish to appear in per-	son and present	my claim to the Loca	al Board.		
CERT to supp	IFIC port	CATION: I certify this claim are true, a		I have provided	on this form and ur	on other desurrant at		
		(SIGNATURE	OF REGISTRANT)			(DATE)		

3.

5.



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Date Issued Complete and Return Not Later than Registrant's Selective Service No. Full Name Complete Address Local Board No. Area Office Address Γ 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 \$250,000, 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) (Program Ends) The person identified above has completed theological or divinity school and is satisfactorily pursuing a full-time internship in the institution identified below. đ. The internship is related and leading to entry into service as a minister of religion. (Date Internship Begin) (Scheduled Completion Date) CERTIFICATION 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. (Signature and Title of Authorized Official) (Name and Address of Institution) (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 Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

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.

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

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



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Registrant's Se	elective Service No. Full Name Complet	all Name Complete Address		Local Board No. Area Office Address		
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INSTRUCTIONS: Provide	the information requested concerning th	ne person identified on ti	nis form and return it to	the Area Office shown show		
WILLFUL SUBMISSION OF I OR A FINE OF NOT MORE T	FALSE INFORMATION IS A VIOLATION 'HAN \$250,000, OR BOTH.	N OF THE LAW AND, UF	ON CONVICTION, IS PL	NISHABLE BY IMPRISONM	e as promptly as possible. IENT FOR UP TO FIVE YE	
PART III. TO BE COMPLI (Submitted only	ETED BY SCHOOL CURRENTLY AT on behalf of those registrant pre-enroll	TENDED IF OTHER T	HAN THEOLOGICAL (OR DIVINITY SCHOOL		
1. STUDENT STATUS		•	ooton in a roooginized tip	cological of divinity school)		
The student identi	fied shows in assistance 1					
	fied above is satisfactorily pursu lege, university or similar institu			(Number) year	of a (Number)	
	(Date Entered)		(Da	ate Semester or Quarter Ends	:)	
(Date						
\ 	Expected to Complete Last Year)			(Field of Study)		
2. CERTIFICATION		an shi s		(Field of Study)		
2. CERTIFICATION	Expected to Complete Last Year) ne information I have provided of	on this form is true, a	accurate and comple	·	owledge and belief.	
2. CERTIFICATION		on this form is true, a		·		
2. CERTIFICATION I certify that all of the		on this form is true, a		ete to the best of my kno		
2. CERTIFICATION I certify that all of the	ne information I have provided o	on this form is true, a		ete to the best of my kno		
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2. CERTIFICATION I certify that all of the certify that in the principal use of the requested	ne information I have provided on the information of the information o	Privacy Act Statems thorizes the Selective Se	(Signature ent evice System to receive (ete to the best of my known and Title of Authorized Office (Date)	cial) this form. However, you	
2. CERTIFICATION I certify that all of the certify that in the certific that all of the certific that in the certific that	me and Address of Institution) ct and Selective Service Regulations autiformation. Information is to assist the Selective Se the following agencies for the purposes in iew and process suspected violations of	Privacy Act Statems thorizes the Selective Selective to adjudicate your	(Signature	ete to the best of my known and Title of Authorized Office (Date) the information requested on and/or reclassification promotes	this form. However, you	
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I certify that all of the last of the requested ormation may be furnished to the last of t	me and Address of Institution) ct and Selective Service Regulations authformation. Information is to assist the Selective Se the following agencies for the purposes in iew and process suspected violations of rice Act.	Privacy Act Statementhorizes the Selective Selective to adjudicate your indicated: The Military Selective	ent vice System to receive of claim for postponemen ervice Act and to litigate or Selective Service Act. adividual's eligibility for ed States and United Sta	and Title of Authorized Office (Date) the information requested on and/or reclassification prometer civil actions occurring under reentry into the United States etes citizenship.	this form. However, you aptly and equitably. This	

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

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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).