



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

INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the proof to support your claim for classification as a divinity student. Complete Part I and sign and date the form. Have your school complete and submit Part II (and Part III if required) as indicated by the type of claim you file. Return this form, with 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 or a fine of not more than \$250,000, or both.

PART I. TO BE COMPLETED BY REGISTRANT

1. Provide the name and address of the church or religious organization under whose direction you are preparing for the ministry. Attach proof from an administrative official of the church or religious organization.

2. Check the box that applies to you and furnish the information requested.

a. I am currently pursuing a full-time course of instruction in a recognized theological or divinity school, and my progress is satisfactory. (SUBMIT PART II)

(Name and Address of Theological or Divinity School)

b. I am currently pursuing a full-time course of instruction leading to entrance into a recognized theological or divinity school in which I have been pre-enrolled or accepted for admission, and my progress is satisfactory. (Submit Part II and Part III)

(Name and Address of the School Currently Attending)

(Name and Address of the Theological or Divinity School)

c. I have completed theological or divinity school. I am currently pursuing a full-time graduate program, and my progress is satisfactory. My studies are related to and leading to entry into service as a minister of religion. (Submit Part II)

(Name and Address of School)

d. I have completed theological or divinity school. I am currently pursuing a full-time internship which is related to and leading to entry into service as a minister of religion, and my progress is satisfactory. (Submit Part II)

(Name and Address of School)

3. Provide the date by which you expect to complete your course of study or internship: _____

4. You are entitled to request a personal appearance before the Local Board and present information about your claim for reclassification as a divinity student. If you wish to appear in person, check the box below.

I wish to appear in person and present my claim to the Local Board.

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

(SIGNATURE OF REGISTRANT)

(DATE)



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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 shown above as promptly as possible.

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

1. STUDENT STATUS

a. 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)

b. 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 Begins)

c. 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)

d. 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)

2. 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.

(Name and Address of Institution)	(Signature and Title of Authorized Official)
	(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.



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(RIPS/RIMS)

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Local Board No. Area Office Address

<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
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INSTRUCTIONS: Provide the information requested concerning the person identified on this form and return it to the Area Office shown above as promptly as possible.
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PART III. TO BE COMPLETED BY SCHOOL CURRENTLY ATTENDED IF OTHER THAN THEOLOGICAL OR DIVINITY SCHOOL
 (Submitted only on behalf of those registrant pre-enrolled or accepted for admission in a recognized theological or divinity school)

1. STUDENT STATUS

The student identified above is satisfactorily pursuing a full-time course of instruction in the _____ year of a _____ program at the college, university or similar institution of learning identified below.

(Number) (Number)

<p align="center">(Date Entered)</p>	<p align="center">(Date Semester or Quarter Ends)</p>
<p align="center">(Date Expected to Complete Last Year)</p>	<p align="center">(Field of Study)</p>

2. 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.

<p>_____</p>	<p>_____</p>
<p>_____</p>	<p align="center">(Signature and Title of Authorized Official)</p>
<p align="center">(Name and Address of Institution)</p>	<p align="center">(Date)</p>

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**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. DISTRIBUTION

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).