



SELECTIVE SERVICE SYSTEM

STUDENT CERTIFICATE (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

<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> [] </div> <div style="border-bottom: 1px solid black; height: 40px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black;"> L J </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> [] </div> <div style="border-bottom: 1px solid black; height: 40px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black;"> L J </div> </div>
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INSTRUCTIONS TO REGISTRANT: This form is provided to help you furnish the necessary proof to support your claim for student postponement. Request your school complete the form and mail it to the Area Office shown above by the date indicated above. Failure to provide this information, appropriately authenticated, may result in the inability of the Selective Service System to comply with your request for postponement of induction based on your student status

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. STUDENT STATUS

Check the box in this part that pertains to your claim.

1. He is expected to graduate _____
(Date)

 2. The student identified above is satisfactorily pursuing a full-time course of instruction in the _____ year
(Number)
of a _____ year program in the college, university or similar institution of learning shown in Part II.
(Number)
- _____ (Date Entered) _____ (Date Semester/Quarter Ends)
 _____ (Date Expected to Complete Last Year)

PART II. CERTIFICATION

I certify 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 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. DISTRIBUTION

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. DISPOSAL

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