



I _____ (name), understand that by filing for the Virginia Tuition Assistance Grant, I am required to register for the Selective Service to receive these funds. While I am currently unable to register, I promise that I will register for the Selective Service no later than 2 weeks after my 18th birthday and will provide proof of my registration to the Office of Financial Aid.

I authorize the Office of Financial Aid to temporarily award these funds on my behalf. _____
(initial)

I understand that failure to register by this time will mean that any Tuition Assistance Grant that was previously applied will be removed from my account due to my ineligibility per the Commonwealth of Virginia and the State Council of Higher Education for Virginia. This will result in a balance on my account that I will be responsible to repay. _____
(initial)

Signature

Date

Office of Financial Aid Purposes Only	
_____ Student's DOB	_____ Date Aid Will Drop (if date is a weekend then next business day)
_____ Counselor Initials	<input type="checkbox"/> Added to Calendar