



REGISTRATION STATUS FORM

INSTRUCTIONS: PLEASE PRINT CLEARLY USING BLACK INK.

- READ THE PRIVACY ACT STATEMENT ON THE BACK OF THIS FORM.
- REVIEW ITEMS 1-5, ENTER MISSING DATA, CORRECT ANY PRE-PRINTED INFORMATION THAT IS IN ERROR.
- CHECK ALL APPROPRIATE BOXES AND SIGN AND DATE THE FORM BELOW.
- RETURN ENTIRE FORM, COMPLETED AND SIGNED, IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS OF RECEIPT TO:

SELECTIVE SERVICE SYSTEM
 PO BOX 94633
 PALATINE, IL 60094-4633

PERSONAL INFORMATION: COMPLETE OR CORRECT AS NECESSARY

1. DATE OF BIRTH: _____ 2. SOCIAL SECURITY NUMBER: _____

3. TELEPHONE NUMBER: _____
 (AREA CODE) (NUMBER)

4. NAME: _____
 (FIRST) (MIDDLE) (Last, (JR, II, ETC.))

5. CURRENT MAILING ADDRESS: _____

REGISTER ON-LINE AT WWW.SSS.GOV
 OR
 IF YOUR PERSONAL INFORMATION IS CORRECT, YOU MAY
REGISTER BY PHONE
 CALL 1-800-730-9211 USE PIN:
 If you register on-line or by phone, do not return this form.

SECTION A - REGISTRATION

YOU MAY REGISTER ON-LINE VIA THE INTERNET (WWW.SSS.GOV) OR BY PHONE (SEE ABOVE), OR CHECK APPROPRIATE BOX AND SIGN AND DATE THE FORM IN THE DESIGNATED AREA BELOW.

- REGISTER ME** WITH SELECTIVE SERVICE. I HAVE NOT REGISTERED PREVIOUSLY.
- I REGISTERED** ON _____ (MONTH) _____ (YEAR) IN _____ (CITY/STATE).
 MY SELECTIVE SERVICE NUMBER IS _____

SECTION B - EXEMPTION STATEMENT

BELOW ARE THE **ONLY CONDITIONS** EXEMPTING A PERSON FROM THE REGISTRATION REQUIREMENT. IF YOU FEEL YOU ARE EXEMPT, PLACE AN X IN THE APPROPRIATE BOX(ES) AND SUBMIT THE REQUIRED PROOF SO THAT WE MAY DECIDE WHETHER TO REMOVE YOUR NAME FROM OUR LIST OF POSSIBLE NONREGISTRANTS. SEND **LEGIBLE COPIES ONLY** OF SUPPORTING DOCUMENTS ON 8 1/2 X 11 PAPER. DOCUMENTS WILL NOT BE RETURNED.

- I AM A FEMALE.** **I AM NOT AGE 18 THROUGH 25.**
 (ATTACH COPY ONLY OF BIRTH CERTIFICATE OR SIMILAR DOCUMENT)
- I AM CURRENTLY ON ACTIVE DUTY** IN THE U.S. ARMED FORCES, INCLUDING THE U.S. COAST GUARD, OR AS A COMMISSIONED OFFICER IN THE PUBLIC HEALTH SERVICE OR NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION; OR ATTENDING A MILITARY SERVICE ACADEMY (OTHER THAN MERCHANT MARINE ACADEMY); OR ENROLLED IN AN OFFICER PROCUREMENT PROGRAM AT THE CITADEL, NORTH GEORGIA COLLEGE, NORWICH UNIVERSITY, VIRGINIA MILITARY INSTITUTE, TEXAS A&M UNIVERSITY OR VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY. (ATTACH COPY OF DD FORM 4, OR EQUIVALENT, OR A LETTER FROM YOUR SCHOOL ATTESTING TO YOUR ENROLLMENT)
- I AM A NON-IMMIGRANT ALIEN** LAWFULLY ADMITTED IN THE UNITED STATES UNDER SECTION 101 (a) (15) OF THE IMMIGRATION ACT (VISA). (ATTACH COPY OF FORM I-94, I-95A, BORDER CROSSING DOCUMENT DSP-150, I-185, I-186, I-586, OR A TRUST TERRITORY I.D.)
- I AM CONFINED IN A** MEDICAL/MENTAL OR PENAL INSTITUTION. (ATTACH STATEMENT SIGNED BY AN INSTITUTION OFFICIAL GIVING NAME AND ADDRESS OF FACILITY AND ENTRY DATE).

***REGISTRATION IS ENCOURAGED BECAUSE IT PROTECTS YOUR ELIGIBILITY FOR CERTAIN BENEFITS/JOBS.**

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE AND COMPLETE. SIGNING THIS FORM CONSTITUTES REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM IN ACCORDANCE WITH THE LAW UNLESS YOU'VE CLAIMED AN EXEMPTION ABOVE.

SIGNATURE: _____ DATE: _____

We estimate the public reporting burden for this collection will vary from 1 to 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing this burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.