From:_____

_____

_____

Postage
Required
Place Stamp
Here

**SELECTIVE SERVICE SYSTEM**
**PO BOX 94637**
**PALATINE IL 60094-4637**

# CHANGE OF INFORMATION FORM INSTRUCTIONS

## THIS IS NOT A REGISTRATION FORM

**EIGHT steps to fill out this form.**
NOTE: Selective Service must already have your record on file to complete this Change of Information Form. Please send update whenever you legally change your name or change your address previously supplied to Selective Service. (For a quick way to change your address only, go online to the Selective Service Web site at **www.sss.gov**.)

**Blocks 1 through 5**
Print your full name, your date of birth, your Social Security Account Number, Selective Service Number, and mailing adress as shown on your latest Selective Service Acknowledgment form regardless of the type of change being submitted.

**Block 6**
If you legally changed your name, print your new name in Block 6 and provide a copy of the legal court order document as proof of the change.

**Block 7**
Print the address of your current residence if different from Block 5 .

**Block 8**
Sign and date your Change of Information Form.

***If you need to register, use SSS Form 1 (UPO).***

***Tell your friends they can register online at www.sss.gov***

### PRIVACY ACT STATEMENT

The Military Selective Service Act, Selective Service regulations, and the President's Proclamation on Registration require that you provide the indicated information, including your Social Security Account Number if you have one. The principal purpose of the requested information is to establish or verify your registration with the Selective Service System. This information may be furnished to other government agencies for the stated purposes on a selective basis.

**DEPARTMENT OF JUSTICE** - for review and processing of suspected violations of the Military Selective Service Act, or for perjury, and for defense of a civil action arising from administrative processing under such Act.
**DEPARTMENT OF STATE & U.S. CITIZENSHIP AND IMMIGRATION SERVICES** - for collection and evaluation of data to determine a person's eligibility for entry/reentry into the United States and for U.S. citizenship.
**DEPARTMENT OF DEFENSE & U.S. COAST GUARD** - for exchange of data concerning registration, classification, induction, and examination of registrants and for identification of prospects for recruiting.
**DEPARTMENT OF LABOR** - to assist veterans in need of data concerning reemployment rights, and for determining eligibility for benefits under the Workforce Investment Act.
**DEPARTMENT OF EDUCATION** - to determine eligibility for student financial assistance.
**OFFICE OF PERSONNEL MANAGEMENT & U.S. POSTAL SERVICE** - to determine eligibility for employment.
**DEPARTMENT OF HEALTH AND HUMAN SERVICES** - to determine a person's proper Social Security Account Number and for locating parents pursuant to the Child Support Enforcement Act.
**STATE AND LOCAL GOVERNMENTS** - to provide data which may constitute evidence and facilitate the enforcement of state and local law.
**U.S. CENSUS BUREAU** - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.
**ALTERNATIVE SERVICE EMPLOYERS** - for exchange of information with employers regarding a registrant who is a conscientious objector for the purpose of placement and supervision of performance of alternative service in lieu of induction into military service.
**GENERAL PUBLIC** - Registrant's name, Selective Service registration number, date of birth, and classification. (Military Selective Service Act, 50 U.S.C. 3806(h))

**Failure to provide the required information may violate the Military Selective Service Act. Conviction for such a violation may result in imprisonment for up to five years and/or a fine of not more than $250,000.**

***TO MAIL: PEEL THE SEAL STRIPS OFF, SEAL THE CARD, AFFIX POSTAGE, THEN MAIL.***

ADHESIVE STRIP

**Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.**

## SELECTIVE SERVICE SYSTEM
### Change of Information Form

DO NOT WRITE IN THE ABOVE SPACE

SSS FORM 2 (DEC 2008) OMB APPROVAL: 3240-0003

**1 FULL NAME** _____ *(Last)* *(First)* *(Middle)*

**2 DATE OF BIRTH** _____ *(Mo)* *(Day)* *(Yr)*

**3 SOCIAL SECURITY ACCOUNT NUMBER** ___ – __ – ____

**4 SELECTIVE SERVICE NUMBER** __ – _____ – _

**5 MAILING ADDRESS ON FILE** _____ *(Number)* *(Street)* *(Apt. No.)*

_____ *(City)* *(State or Foreign Country)* *(Zip Code)*

**6 NAME CHANGE** _____ *(Last)* *(First)* *(Middle)* *(Suffix)*

**7 CURRENT MAILING ADDRESS** _____ *(Number)* *(Street)* *(Apt. No.)*

_____ *(City)* *(State or Foreign Country)* *(Zip Code)*

**8 TODAY'S DATE** _____ **SIGNATURE OF REGISTRANT** _____

FPI-LOM

ADHESIVE STRIP

ADHESIVE STRIP