SELECTIVE SERVICE SYSTEM

CHANGE OF INFORMATION FORM

MEN 18-25 UPDATE YOUR INFO

HERE OR ONLINE AT SSS.GOV

From: _____

_____

_____

Postage Required Place Stamp Here

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 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/re-entry 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 Innovation and Opportunity Act (formerly 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. A Conviction for such a violation may result in imprisonment for up to five years and/or a fine of not more than $250,000.

SELECTIVE SERVICE SYSTEM
PO BOX 94637
PALATINE IL 60094-4637

CHANGE OF INFORMATION FORM INSTRUCTIONS

THIS IS NOT A REGISTRATION FORM

CHANGE YOUR INFORMATION

Selective Service must already have your record on file to complete this Change of Information Form. You are required to update your information with us until you are 26 years old. Please note that changes may take up to 30 days. Address changes can also be made online at **sss.gov/verify/update-info.**

TEN steps to fill out this form.

1 - 3 Print your full name, date of birth and Social Security number.

4 Print your Selective Service number. This is NOT your Social Security Number. Visit sss.gov/verify.

5 Print the mailing address that is currently on file with the Selective Service. Visit sss.gov/verify or review the most recent Registration Acknowledgement Letter received to locate this.

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.

7 If your current mailing address is different from the address on file, please print your new address.

8 Current email.

9 Current phone number.

10 Sign and date your Change of Information Form.

If you need to register, use an SSS Registration Form or go online.

SSS.GOV

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

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 (Expires 9-29-2024) OMB APPROVAL: 3240-0003

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

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

3 SOCIAL SECURITY 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 CURRENT EMAIL _____

9 CURRENT PHONE NUMBER _____

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

FPI-LOM