

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 address 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 1M (UPO)
or 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 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, Section 6, 50 U.S.C. App. 456h)

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.

SELECTIVE SERVICE SYSTEM Change of Information Form		DO NOT WRITE IN THE ABOVE SPACE	
SSS FORM 2 (MAY 2007)	1 FULL NAME _____ (Last) (First) (Middle)	2 DATE OF BIRTH ____/____/____ (Mo) (Day) (Yr)	
	3 SOCIAL SECURITY ACCOUNT NUMBER ____-____-____	4 SELECTIVE SERVICE NUMBER ____-____-____	
OMB APPROVAL 3240-0003	5 MAILING ADDRESS ON FILE _____ (Number) (Street) (Apt. No.) _____ (City) (State or Foreign Country) (Zip Code)		
	Enter here changes only in Blocks 6 and 7.		
	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 _____		

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



SELECTIVE SERVICE SYSTEM
PO BOX 94637
PALATINE IL 60094-4637

From: _____

Postage
Required
Place Stamp
Here



MEN

HAVE YOU MOVED? CHANGED YOUR ADDRESS?

Change of Information Form



Selective Service System

