

**PROCEDURAL DIRECTIVE
CHANGE OF INFORMATION FORM
SSS FORM 2
(RIMS)**

1 PURPOSE

To provide registrants with a means to advise the Selective Service System of changes in the information contained in the registrant's record in SSS's Registration, Compliance and Verification (RCV) System.

2. PREPARATION

The Change of Information Form is prepared in an original only by the registrant when a change in any one (or more) of the data entry items reported initially on the Registration Form occurs.

3. DISTRIBUTION

Supplies of this form are available in post offices and, for registrants living aboard, at U.S. Embassies or Consulates. The completed SSS Form 2 is mailed to the Selective Service System Data Management Center.

4. DISPOSAL

The Change of Information Forms will be retained by the Data Management Center until the registrant reaches age 85.

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 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 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 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.

*If you need to register,
use SSS Form 1M (UPO)
or register online at
www.sss.gov*

Block 8

Sign and date your Change of Information Form.

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, for 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 purposes on a selective basis. See Systems of Records SSS-4: <http://www.gpo.gov/Edsys/pkg/FR-2011-09-20/pdf/2011-24044.pdf>

- 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 of 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. or
- 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
- STATE AND LOCAL GOVERNMENTS** - to determine a person's proper Social Security Account Number and for locating parents pursuant to the Child Support Enforcement Act
- 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 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 _____ <small>(Last) (First) (Middle)</small> | 2 | DATE OF BIRTH _____ <small>(MO) (Day) (Yr)</small> |
| 3 | SOCIAL SECURITY ACCOUNT NUMBER [][]-[][]-[][][][] | 4 | SELECTIVE SERVICE NUMBER [][]-[][][][][][][][]-[][] |
| 5 | MAILING ADDRESS ON FILE _____ <small>(Number) (Street) (Apt. No.)</small> _____ <small>(City) (State or Foreign Country) (Zip Code)</small> | | |
| 6 | NAME CHANGE _____ <small>(Last) (First) (Middle) (Suffix)</small> | | |
| 7 | CURRENT MAILING ADDRESS _____ <small>(Number) (Street) (Apt. No.)</small> _____ <small>(City) (State or Foreign Country) (Zip Code)</small> | | |
| 8 | TODAY'S DATE _____ SIGNATURE OF REGISTRANT _____ | | |

OMB Approval 3240-0003

FBI



Change of Information Form

HAVE YOU MOVED? CHANGED YOUR ADDRESS?

MEN

From: _____



Postage
Required
Place Stamp
Here

SELECTIVE SERVICE SYSTEM
PO BOX 94637
PALATINE IL 60094-4637

