

PROCEDURAL DIRECTIVE
ACKNOWLEDGEMENT AND CORRECTION/CHANGE FORM
SSS FORMS 3A AND 3B LETTER
(RIMS)

1. PURPOSE

Acknowledgement SSS Forms 3A and 3B Letter: To provide each registrant, within 90 days of the registration, a copy of the data contained in his computerized file in the Registration Information and Management System (RIMS), and to provide a legal verification of his compliance with the Military Selective Service Act (MSSA). The SSS Form 3B is attached to or enclosed with the SSS Form 3A and contains information for the same person; its collateral purpose is to provide a means for the registrant to provide Selective Service with additions or corrections to his record. Upon the registrant's returning of the SSS Form 3B showing the *desired changes*, his RIMS record is updated by the Selective Service System to reflect the corrections and/or additions.

Correction/Change Form, SSS Form 3B Letter: To provide a form on which corrections to the record data can be made by the registrant. The computerized file is updated by the SSS DMC upon the registrant's returning the SSS Form 3B showing the *desired changes*. An envelope is provided for this purpose.

2. PREPARATION

These forms are prepared in original only by the Selective Service System and mailed to the registrant. This action occurs (1) within 90 days of the initial registration, or (2) following receipt of a change of key information for the registrant. Stocks of these forms are maintained by the DMC.

3. DISTRIBUTION

The Acknowledgment Letter is mailed to the registrant by the DMC.

4. DISPOSAL

The registrant is encouraged to retain his Acknowledgment Letter in a safe place. The SSS Form 3B, when received by the DMC with changes marked, will be used as a source document for updating the computer record in RIMS. The hard copy is destroyed after computer processing and conversion to microfilm.

NAME AND CURRENT MAILING ADDRESS

(DO NOT WRITE IN THE ABOVE SPACE.)

Change of Information Form

If any information shown is incorrect, make corrections, sign, and return this top portion to: Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636.

TODAY'S DATE

SIGNATURE OF REGISTRANT

GPO: U. S. GOVERNMENT PRINTING OFFICE: 2011-734-021/20003 SSS Form 3B (Apr-11)

(Cut along dotted line.)



Dear Registrant:

Please keep this letter or the wallet sized registration acknowledgment provided below as proof of your registration. Please review it carefully. Use the top portion of this letter to update and/or correct your information. Mark through any mistakes and write the correct information.

IF YOU MADE CHANGES: Return the top portion of this letter to: Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If changing only your address, you may go to www.sss.gov. You are required to notify the Selective Service System within 10 days of any change.

For Non-Immigrant Aliens: If you are on a valid visa and believe that you were registered in error, send this entire form and a copy of your I-94, I-95A, or Border Crossing Card (DSP-150) to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638.

If you have questions about the Selective Service System, call 1-847-688-6888.

Thank You!

We estimate the public reporting burden for this collection will vary from 1 to 2 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.



Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

Registration Acknowledgment

SELECTIVE SERVICE NUMBER DATE OF BIRTH

NAME AND CURRENT MAILING ADDRESS

(Fold on line.)

SIGNATURE OF REGISTRANT

SSS Form 3A (Apr-11)

SOCIAL SECURITY NUMBER

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

DIRECTOR

SELECTIVE SERVICE SYSTEM

<http://www.sss.gov>



If corrections are necessary
mail completed form to:

Selective Service System
P.O. Box 94636
Palatine, IL. 60094-4636

Date of birth:

Dear Mr.

This is your Registration Acknowledgment Letter, which you should keep as proof of your registration with the Selective Service System. A Change/Correction Form has also been included. Use the form to correct information currently in your Selective Service record:

Federal law requires that until January 1 of the year you reach age 26 you:

1. Notify Selective Service of errors and changes within 10 days of the date of change. Examples are listed below.
 - Errors in your record (such as date of birth).
 - Changes in your current address (the place where you currently live).
 - Changes in your permanent address (a place where you can always be reached; for example, your parents' address).
 - Legal name change.

2. Provide your Social Security Account Number to Selective Service.

Failure to comply with these requirements is a violation of the Military Selective Service Act. The maximum penalty for a violation of this Act is a \$250,000 fine or five years in prison or both.

IMPORTANT NOTE:

Federal and State laws require registration-age men applying for some benefits (such as student financial aid, Federal employment, job training, etc.) to be registered with Selective Service. Please keep this letter as legal proof of your registration. Or, you may keep only the wallet size Registration Acknowledgment provided below for your convenience.

← Cut Here →

Registration Acknowledgment			Selective Service System		
Selective Service Number	Date of Birth	Social Security Number	Phone	Sex	Last Action Date
Name and Current Address			Permanent Address		
Lawrence G. Romo Director			Registrant's Signature		SSS Form 3A (Mar 91)

← Cut 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. The principal purpose of the required 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/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 re-employment rights, and 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.
- 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 Number, Date of Birth and Classification, (Military Selective Service Act, Section 6, 50 U.S.C. App. 456h).
- Bureau of the Census - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.

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.

See Systems of Records SSS-4: <http://www.gpo.gov/fdsys/pkg/FR-2011-09-20/pdf/2011-24044.pdf>

IF CORRECTIONS ARE NECESSARY
MAIL CORRECTION/CHANGE FORM TO:

Selective Service System
P.O. Box 94636
Palatine, IL 60094-4636

<http://www.sss.gov>

1. This form may be used to correct information on your Registration Acknowledgment or to make any future changes in your registration record.
2. Make corrections on any information shown below that is incorrect, and provide the information required for the block(s) containing asterisks (**).
3. To make a correction, cross out the incorrect information, write in the correct information, sign and mail this form to Selective Service.
4. DO NOT use this form to submit additional information about yourself. If such information is needed we will contact you. If you have questions about the Selective Service System, write the Registration Information Office, P.O. Box 94638, Palatine, Illinois, 60094-4638.
5. Men serving on active duty need NOT notify us of changes in address or telephone number prior to separation from active duty. Any other changes necessary to maintain your record in a correct and current status MUST be reported.

(DON'T FORGET VOTER REGISTRATIION...IF ELIGIBLE, REGISTER LOCALLY TO VOTE)

Selective Service No.	Social Security No.	Sex	Date of Birth	Telephone Number	Last Action Date
Name					
CURRENT MAILING ADDRESS			PERMANENT ADDRESS		
Number and Street			Number and Street		
City State Zip Code			City State Zip Code		

Signature of Registrant

Date

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SELECTIVE SERVICE SYSTEM

<http://www.sss.gov>



If corrections are necessary
mail completed form to:

Selective Service System
P.O. Box 94636
Palatine, IL 60094-4636

Dear Mr.

This Registration Acknowledgment Letter confirms that you are registered with Selective Service and shows the information currently in your registration record as the result of your enlistment/reenlistment. PLEASE PROVIDE THE INFORMATION REQUIRED FOR THOSE BLOCKS CONTAINING AN ASTERISK ON THE ATTACHED CORRECTION/CHANGE FORM AND RETURN IT WITHIN TEN DAYS.

For your current address, enter your residence address if you live off-post or off-base; otherwise enter your military mailing address. Enter an address through which you may always be reached, such as the address of a relative, as your permanent address.

While on active duty, you do not need to provide us with changes in your current address or telephone number. Enter it now, however, so we may update our records.

If you separate from active duty before reaching age 26, even if you enter a reserve component, you must then keep all information in your registration record current. Registrants separating from active duty after reaching age 26 need not report new information.

IMPORTANT NOTE:

Federal and State laws require registration-age men applying for some benefits (such as student financial aid, Federal employment, job training, etc.) to be registered with Selective Service. Please keep this letter as legal proof of your registration. Or, you may keep only the wallet size Registration Acknowledgment provided below for your convenience.

← Cut Here →

Registration Acknowledgment			Selective Service System		
Selective Service Number	Date of Birth	Social Security Number	Phone	Sex	Last Action Date
Name and Current Address			Permanent Address		
Lawrence G. Romo Director			Registrant's Signature		

SSS Form 3A
(Sept 92)

← Cut Here →

PRIVACY ACT STATEMENT

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- Bureau of the Census - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.

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.

See Systems of Records SSS-4: <http://www.gpo.gov/fdsys/pkg/FR-2011-09-20/pdf/2011-24044.pdf>

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Palatine, IL 60094-4636

<http://www.sss.gov>

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2. Make corrections on any information shown below that is incorrect, and provide the information required for the block(s) containing asterisks (**).
3. To make a correction, cross out the incorrect information, write in the correct information, sign and mail this form to Selective Service.
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Selective Service No.	Social Security No.	Sex	Date of Birth	Telephone Number	Last Action Date
Name					
CURRENT MAILING ADDRESS			PERMANENT ADDRESS		
Number and Street			Number and Street		
City State Zip Code			City State Zip Code		

Signature of Registrant

Date

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PROCEDURAL DIRECTIVE
REGISTRATION STATUS FORM
SSS FORM 3C
(RIMS)

1. PURPOSE

The form provides a means for a man to register with the Selective Service System (SSS), confirm that he is registered, or indicate that he is exempt from the registration requirement.

2. PREPARATION

The SSS Form 3C is mailed by the SSS Data Management Center (DMC) to men of registration age whose compliance with the registration requirement is in question or is unconfirmed by a computer record in RIMS.

The SSS Form 3C is completed by the addressee or a third party when the addressee is prevented from completing the form by a condition beyond his control. The form will be returned in a pre-addressed envelope (furnished) to the DMC for review and necessary action.

3. DISTRIBUTION

Based upon the information provided, several actions could then take place. The completed SSS Form 3C, together with any other documentation or correspondence provided by the individual, may be given to verify the (1) registration of the individual, (2) his status, (3) determine that additional communication with the man is required, or (4) register him. In every case, the completed SSS Form 3C is microfilmed at the DMC. The SSS Form 3C when received by the DMC with the corrections marked will be used as a source document for updating the record. The disposal of the form follows the same step as below.

4. DISPOSAL

The hard copy is destroyed after computer processing and conversion to microfilm.



REGISTRATION STATUS FORM

INSTRUCTIONS: PLEASE PRINT CLEARLY.

- 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 **COPIES ONLY**. 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 AND ESTIMATED RELEASE 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 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.

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