

**PROCEDURAL DIRECTIVE  
REGISTRATION FORM  
SSS FORM 1(DOS)  
(RIMS)**

**1. PURPOSE**

To provide a documentary record of a person's registration under the Military Selective Service Act, also, used to create the registrant computerized record in the Registrant Information Management System data base.

**2. PREPARATION**

The Registration Form is prepared in an original only by the registrant. Except as otherwise authorized by the Director, the SSS FORM 1(DOS) will be provided in United States Embassy or Consulate. The SSS FORM 1(DOS) form is completed and mailed to the Selective Service Data Management Center by the overseas embassy/consulate SSS registrar.

**3. DISTRIBUTION**

The completed Registration Forms will be forwarded by the registrar and mailed to the Data Management Center. The Data Management Center will verify each Registration Form and will make data entries into the computerized record based on information contained on the form.

**4. DISPOSAL**

The Registration Forms representing valid registrations will be retained by the Data Management Center until disposal is authorized by the Director of Selective Service.

**Register on-line ([www.elsevier.com/locate/mbs](http://www.elsevier.com/locate/locate/mbs)) or complete this form.**

## SELECTIVE SERVICE SYSTEM REGISTRATION FORM

**DO NOT WRITE IN THIS SPACE**

**S  
O  
D**

|    |                                                                  |  |                          |               |                            |  |
|----|------------------------------------------------------------------|--|--------------------------|---------------|----------------------------|--|
| 1  | DATE OF BIRTH                                                    |  | SEX                      |               | SOCIAL SECURITY NUMBER     |  |
| 2  | Name of Month                                                    |  | Day                      | Year of Birth |                            |  |
| 3  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |  |                          |               |                            |  |
| 4  | PRINT FULL LEGAL NAME                                            |  |                          |               |                            |  |
| 5  | Last                                                             |  | First                    | Middle        | JR. II, III, etc           |  |
| 6  | CURRENT MAILING ADDRESS                                          |  |                          |               |                            |  |
| 7  | Number and street                                                |  |                          |               |                            |  |
| 8  | Apt. or Room No.                                                 |  |                          |               |                            |  |
| 9  | City                                                             |  | State or Foreign Country |               | Zip Code (must be entered) |  |
| 10 | I AFFIRM THE FOREGOING STATEMENTS ARE TRUE                       |  |                          |               |                            |  |
| 11 | Today's Date                                                     |  | Signature of Registrant  |               |                            |  |

Should you NOT receive a Registration Acknowledgment within 90 days contact Selective Service. If you're concerned about privacy of personal data, you may mail this card to Selective Service in an envelope. Please apply proper first class postage. Persons are not required to respond in this collection of information unless it

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

## MEN WHO ARE AGE 18 THROUGH

### 25 ARE REQUIRED TO REGISTER

and can do so on-line at:

[www.sss.gov](http://www.sss.gov)

or they can complete this form.

#### HOW TO COMPLETE THIS FORM

- Read the Privacy Act Statement.
- Use ink when completing this form.
- Print all entries except your signature.

Complete Blocks 1 through 6 as follows:

**Block 1:** Print your date of birth. Use a three letter abbreviation for the month, and numerals for the day and year  
(Example: APR 17, 1999)

**Block 2:** Check the correct box.

**Block 3:** Print your Social Security Account Number.

**Block 4:** Print your full legal name in the order listed.

**Block 5:** Print your current mailing address. Include ZIP Code.

**Block 6:** Sign and date this form and provide it back to the embassy or consular official.

- Selective Service will send you a Registration Acknowledgment in the mail.

- If you do not receive a Registration Acknowledgment within 90 days, it is your responsibility to contact the Selective Service System at the following address:

Selective Service System  
Registration Information Office  
P.O. Box 94638  
Palatine, IL 60094-4638

## 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. See Systems of Records SSS-9 <http://www.sss.gov/PDFs/Systems%20of%20Records%202011.pdf>

- Department of Justice — to review and process suspected violations of the Military Selective Service Act, or perjury, and for defense of a civil action arising from administrative processing under such Act.
  - Bureau of Census — for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.
  - Department of State & U.S. Citizenship and Immigration Services — to collect and evaluate 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 — to exchange 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 to determine 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 or local law.
  - Alternative Service Employers — to exchange 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).
- 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.

**PROCEDURAL DIRECTIVE  
REGISTRATION FORM  
SSS FORM 1 (UT1)**

**1. PURPOSE**

To provide a documentary record of the registration of a person registered under the Military Selective Service Act, and to serve as physical proof of the registration in support of the computerized record in the Registration Information and Management System (RIMS) data base. The SSS Form 1 UT1 (WIA) is the *Workforce Investment Act* and is use by registration age males who participate in the Workforce Investment Act Program

**2. PREPARATION**

The Registration Form is prepared in an original by the registrant.

**3. DISTRIBUTION**

The completed Registration Form will be given to the person completing the form by the coordinator of the Department of Labor Workforce Investment Act Program and they, in turn, will send the form to the Selective Service System Data Management Center. The Data Management Center will verify each Registration Form and will make data entries into the registrant data base based on information contained on the form.

**4. DISPOSAL**

The Registration Forms representing valid registrations will be retained by the Data Management Center until disposal is authorized by the Director of Selective Service.



**PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY**

[illegible]

**SIGNATURE**

SSS FORM 1 (JAN 12) OMB APPROVAL 3240-0002

We estimate the public reporting burden for this collection will vary from two 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 aspect of the collection of information, including suggestions for reducing this burden to, Selective Service System, SSS Forms Officer (3240-0002), Arlington, VA 22209-2425. The OMB control number 3240-0002, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

UT-1

**MEN WHO ARE AGE 18 THROUGH 25 ARE  
REQUIRED TO REGISTER  
and can do so online at:**

**[www.sss.gov](http://www.sss.gov)**

**or they can complete this form.**

**HOW TO COMPLETE THIS FORM**

- Read the Privacy Act Statement.
- Print your information in BLACK INK and CAPITAL LETTERS ONLY.

Block 1: Print your date of birth. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 2: Place an X in the correct box.

Block 3: Provide your Social Security Number if you have one since it is mandatory to include this information. Leave this space blank if you do not yet have a social security number.

Block 4: Print your full name as outlined on the card. Include any suffix (such as Jr., or II), in the designated box, if applicable.

Block 5: Print your current mailing address as outlined on the card. Use the two-letter State abbreviation and enter your ZIP Code.

Block 6: Print today's date. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 7: Sign your name in the box.

- Selective Service will send you a Registration Acknowledgement in the mail.
- If you do not receive a Registration Acknowledgement within 90 days, it is your responsibility to contact the Selective Service System at the following Address:

Selective Service System  
Registration Information Office  
P.O. Box 94638  
Palatine, IL 60094-4638

**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 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. See Systems of Records SSS-9 <http://www.sss.gov/PDFs/Systems%20of%20Records%202011.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 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 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.

**BUREAU OF CENSUS** - 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. 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.**

**PROCEDURAL DIRECTIVE  
REGISTRATION FORM  
SSS FORM 1M (UPO)  
(RIMS)**

**1. PURPOSE**

To provide a documentary record of the registration of a person registered under the Military Selective Service Act, and to serve as physical proof of the registration in support of the computerized record in the Registrant Information Management System (RIMS) data base. The SSS Form 1M (UPO) is used for the continuous Mail-back Registration at Post Offices.

**2. PREPARATION**

The Registration Form is prepared in an original by the registrant.

**3. DISTRIBUTION**

The completed Registration Form will be mailed by the person completing the form to the Selective Service System Data Management Center. The Data Management Center will verify each Registration Form and will make data entries into the registrant data base based on information contained on the form.

**4. DISPOSAL**

The Registration Forms representing valid registrations will be retained by the Data Management Center until disposal is authorized by the Director of Selective Service.

**PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY**

2000

TO EXP

2000

Figure 6

[illegible]

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TONY SARTRE

**I AFFIRM THE FOREGOING STATEMENTS ARE TRUE**

OMB APPROVAL 3240-0002

OMB APPROVAL 3240-0002  
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

**SIGNATURE**

**UPO**



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 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.

**BUREAU OF CENSUS** - 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 56, 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.**

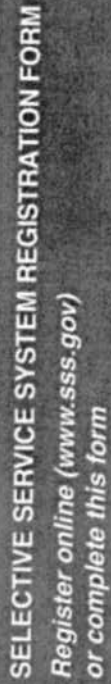
See Systems of Records SSS-9

<http://www.sss.gov/PDFs/Systems%20of%20Records%202011.pdf>

SELECTIVE SERVICE SYSTEM

P.O. BOX 94739

PALATINE, IL 60094-4739



PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY

|              |  |  |  |
|--------------|--|--|--|
| OTHER SUFFIX |  |  |  |
|--------------|--|--|--|

**I AFFIRM THE FOREGOING STATEMENTS ARE TRUE**

**SIGNATURE**

SSS FORM 1 (JAN 12) OMB APPROVAL 3240-0002

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## LSH

**MEN WHO ARE AGE 18 THROUGH 25 ARE  
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and can do so online at:**

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**or they can complete this form.**

**HOW TO COMPLETE THIS FORM**

- Read the Privacy Act Statement.
- Print your information in **BLACK INK** and **CAPITAL LETTERS ONLY**.

Block 1: Print your date of birth. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 2: Place an X in the correct box.

Block 3: Provide your Social Security Number if you have one since it is mandatory to include this information. Leave this space blank if you do not yet have a social security number.

Block 4: Print your full name as outlined on the card. Include any suffix (such as Jr., or II), in the designated box, if applicable.

Block 5: Print your current mailing address as outlined on the card. Use the two-letter State abbreviation and enter your ZIP Code.

Block 6: Print today's date. Use a two-number designation for the month and day and use a four-number designation for the year.

Block 7: Sign your name in the box.

- Selective Service will send you a Registration Acknowledgement in the mail.
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**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 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.

**BUREAU OF CENSUS** - 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. 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.**

## Selective Service System Online Registration

PLEASE NOTE: A valid Social Security Number is required for online registration. If you do not have a social security number, you must register at any U.S. Post office by filling out a card, signing and mailing it.

If you're a male U.S. citizen, age 18 through 25, and are living **INSIDE** the United States or its territories, or if you have an APO/FPO address, you can register with Selective Service by filling out the form below and clicking on "Submit Registration."

If you're a male U.S. citizen, age 18 through 25, and are living **OUTSIDE** the United States, you can register with Selective Service by clicking [here](#).

If you are an immigrant male (documented or undocumented) living in the United States, age 18 through 25, you are required to register. You may submit your registration to the Selective Service by filling out the form below and clicking on "Submit Registration." Non-immigrant males living in the United States on a valid visa are NOT required to register.

If you are unable to register online, or you receive an error message, you will be directed to a registration form which you may print out, complete, sign, and mail to the Selective Service System.

**EARLY SUBMISSION OF INFORMATION:** Now, if you are a man who is at least 17 years and 3 months old, you may complete this form to submit your registration information. The information will be held on file and processed automatically when you are within 30 days of your 18th birthday, at which time we will mail confirmation to you.

[warning statement about false registration.](#)

| Selective Service System Online Registration Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sex:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="radio"/> Male <input type="radio"/> Female<br>(Note: Current law does not permit females to register)                                                                                                      |
| First & Middle Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                                                                               |
| Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                               |
| Suffix:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/>                                                                                                                                                                                                               |
| Street or PO Box or RFD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="text"/>                                                                                                                                                                                                               |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                                                                                                                                                               |
| State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Select State <input type="text"/>                                                                                                                                                                                                  |
| Zip Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                               |
| Social Security Number:<br>(REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/> (No dashes or spaces)                                                                                                                                                                                         |
| Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="text"/> (mmddyyyy)                                                                                                                                                                                                    |
| How did you first learn about registration?:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><input checked="" type="radio"/> Parent/Relative</div> <div><input type="radio"/> Friend</div> <div><input type="radio"/> Classroom</div> <div><input type="radio"/> Guidance Counselor</div> <div>(Make one selection)</div> |
| <div>Submit Registration Reset Form</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |
| SSS FORM 1, OMB APPROVAL 3240-0002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |
| <small>We estimate the public reporting burden for this collection will vary from two 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 (3240-0002), Arlington, VA 22209-2425. The OMB control number 3240-0002, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.</small> |                                                                                                                                                                                                                                    |

Men who have registered remain eligible for federal student aid, most federal jobs, and federal job training. Male non-citizens living in the U.S. who are 18 through 25 must register to remain eligible for citizenship. [Privacy Act Statement](#).

This is a secure site. The information you provide on this form is protected as it travels to Selective Service over the internet.

## 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. See Systems of Records SSS-9 <http://www.sss.gov/PDFs/Systems%20of%20Records%202011.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 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.

**BUREAU OF CENSUS** - 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. App. 456h)

**NOTE:** 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.

May 19, 2009