

DO THE RIGHT THING

**MEN**

**18 through 25**

**REGISTER**

**It's Quick - It's Easy  
- It's The Law -**



**SELECTIVE SERVICE SYSTEM**

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.

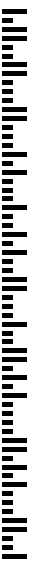
**BUREAU OF CENSUS** - for the purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13.

**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.

**SELECTIVE SERVICE SYSTEM  
P.O. BOX 94739  
PALATINE, IL 60094-4739**



# You Must Register With Selective Service

## What is Selective Service Registration?

Registration is the process by which the U.S. Government collects names and addresses of men age 18 through 25 to use in case of a national emergency, determined by Congress and the President, which would require rapid expansion of the Armed Forces. Men are required to register within 30 days of their 18<sup>th</sup> birthday. Once men reach their 26<sup>th</sup> birthday, they can no longer register, as stated in the Military Selective Service Act.

## What Happens If I Don't Register?

Not registering is a felony. Young men prosecuted and convicted of failure to register may be fined up to \$250,000, imprisoned for up to five years, or both. Failure to register also may cause men to permanently lose eligibility for student financial aid, government employment, job training, and U.S. citizenship for male immigrants.

## Who Must Register?

Male U.S. citizens and immigrants, documented and undocumented, residing in the U.S. and its territories must register if they are age 18 through 25.

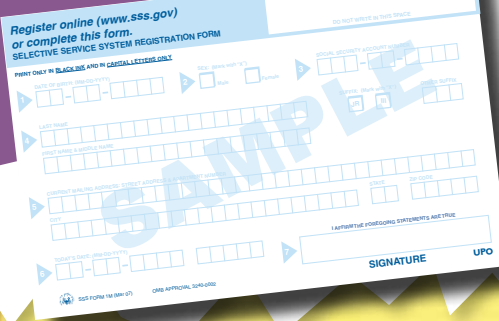
**How Do I Register?** Please print all the requested information – including your Social Security Account Number if you have one; sign your name; peel the seal strips off, seal the card, put a stamp on the front, and mail the sealed card. Or, register online at [www.sss.gov](http://www.sss.gov).

**Fill Out This Card**

*FOLD HERE!*

## What About After I Register?

You should receive a Selective Service Acknowledgment with your Selective Service Number. Keep your acknowledgment in a safe place for future reference. You can also verify your Selective Service Number by going to [www.sss.gov](http://www.sss.gov) to “Check a Registration”. If you move, you are required by Federal law to provide address changes to Selective Service, which can be done at [www.sss.gov](http://www.sss.gov) to “Report a Change of Address Online”, or by filling out and mailing a SSS Form 2 (Change of Information) at the post office.



SSS FORM 1M (UPO) (AUGUST 2011) 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 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.

**Register online ([www.sss.gov](http://www.sss.gov)) or complete this form.**  
**SELECTIVE SERVICE SYSTEM REGISTRATION FORM**

DO NOT WRITE IN THIS SPACE

PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY

1 DATE OF BIRTH: (MM-DD-YYYY)  
  -   -

2 SEX: (Mark with "X")  
 Male  Female

3 SOCIAL SECURITY ACCOUNT NUMBER  
   -   -

4 LAST NAME

FIRST NAME & MIDDLE NAME

SUFFIX: (Mark with "X")  
 JR  III  OTHER SUFFIX

5 CURRENT MAILING ADDRESS: STREET ADDRESS & APARTMENT NUMBER

CITY

STATE

ZIP CODE

6 TODAY'S DATE: (MM-DD-YYYY)  
   -    -

7 SIGNATURE

UPO

I AFFIRM THE FOREGOING STATEMENTS ARE TRUE