

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: 2017-734-028/20010 SSS Form 3B (Jun-17)

(Cut along dotted line.)



Dear Registrant:

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

IF YOU MADE CHANGES: Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at <https://www.sss.gov/Registration/Change-of-Information/Address-Change-Form>.

For Non-Immigrants: If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at <https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf>.

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.



We estimate the public reporting burden for this collection will vary from 1 – 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

SIGNATURE OF REGISTRANT

(fold on line.)

SSS Form 3A (Jun-17)

SOCIAL SECURITY NUMBER LAST ACTION DATE

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