REGISTRATION STATUS FORM

INSTRUCTIONS: PLEASE PRINT CLEARLY USING BLACK INK.

·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

404860100300-JOHN
C12 8PC
000015   082317

PERSONAL INFORMATION: COMPLETE OR CORRECT AS NECESSARY

1. DATE OF BIRTH: __05-16-1996__   2. SOCIAL SECURITY NUMBER: _____

3. TELEPHONE NUMBER: _____ _____
   (AREA CODE)   (NUMBER)

4. NAME: LINDSAY   CALVIN   JOHNSON
   (FIRST)   (MIDDLE)   (LAST)   (JR, II, ETC.)

5. CURRENT MAILING ADDRESS:
   RT 1 FALL BRANCH RD
   BLOUNTSVILLE, TN 37617-1336

> 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:
>
> 404860100300
>
> 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. SEND **LEGIBLE COPIES ONLY** OF SUPPORTING DOCUMENTS ON 8 1/2 X 11 PAPER.

☐ **I AM NOT AGE 18 THROUGH 25.**
   (ATTACH COPY OF BIRTH CERTIFICATE OR SIMILAR DOCUMENT)

☐ **AT BIRTH MY SEX WAS FEMALE.** (ATTACH COPY OF BIRTH CERTIFICATE OR SIMILAR DOCUMENT. IF THE NAME ON THE FORM IS DIFFERENT FROM
   THE ONE ON THE BIRTH CERTIFICATE AS A RESULT OF A NAME CHANGE, PLEASE INCLUDE COPY OF COURT ORDER OR OTHER NAME CHANGE DOCUMENTATION)

☐ **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** LAWFULLY ADMITTED INTO THE UNITED STATES UNDER THE IMMIGRATION ACT.
   (ATTACH ALL REQUIRED DOCUMENTS AS LISTED AT HTTPS://WWW.SSS.GOV/PORTALS/0/PDFS/DOCUMENTATIONLIST.PDF)

☐ **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).

*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 SYSTEM IN ACCORDANCE WITH THE LAW UNLESS YOU'VE CLAIMED AN EXEMPTION ABOVE.

SIGNATURE: _____ DATE: _____ - _____ - _____

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 50, U.S.C. 3806(h))

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.