December 5, 2014

Dear [Name]

Our records identify you as a man who may be required to register with Selective Service, but has not done so. You may register online via the Internet at www.sss.gov, by telephone, or indicate you are registered by completing Section A of the enclosed Registration Status Form. If you believe you are not required to register, complete Section B of the form and provide supporting evidence (copies only). Please verify and, if necessary, correct all information on the form. Sign and date the form and return it to us in the enclosed envelope within 10 days.

Failure to register with Selective Service is a Federal crime punishable by a fine and imprisonment. Men who fail to register may be unable to obtain U.S. citizenship, and are not eligible for certain Federal benefits, such as job training, student financial aid and government employment. Registration protects that eligibility. Our objective is to register you, not to have you prosecuted.

If you need help in completing the form, or have questions about registering, phone us at: 1-888-655-1825.

Sincerely,

[Signature]

Lawrence G. Romo
Director

Enclosures

Save a Stamp...Save Time...Register On-Line
http://www.sss.gov
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) __________________________ (LAST) __________
   (MIDDLE) __________ (JR., II, ETC.)

5. CURRENT MAILING ADDRESS: __________________________
   NASHVILLE, TN 37235

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 BOXES AND SUBMIT THE REQUIRED PROOF SO THAT WE MAY DECIDE WHETHER TO
REMOVE YOUR NAME FROM OUR LIST OF POSSIBLE NONREGISTERANTS. 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-184, 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 22203-2425. 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.

SSS FORM 3C-JUNE 2011
OMB-3240-0003