

# Selective Service Status Verification Letter

Date:

To Whom It May Concern,

This letter is to verify the Selective Service registration status of:

- Name:
- Date of Birth:
- Social Security Number:

Please be advised that the individual named above is:

- ☐ Registered with the Selective Service
- ☐ Not Registered with the Selective Service
- ☐ Exempt from Registration

Additional Comments:

Sincerely,

(Signature)

(Title)

(Organization)