

VERIFICATION OF SELECTIVE SERVICE REGISTRATION

Youth Services
Office of Juvenile Justice
PO Box 66458
Audubon Station
Baton Rouge, Louisiana 70896
225-287-7900

Date: _____

To Whom It May Concern:

In lieu of my Selective Service card, my signature below will verify that I have registered for the Selective Service as required by the Military Selective Service Act (50 USC App. 453).

I understand that if this statement is found to be false, I will be terminated from employment.

I will present my Selective Service card to Human Resources personnel as soon as possible.

Signature

Printed Name

Class Title