

**SELECTIVE SERVICE SYSTEM  
NOTICE OF CLASSIFICATION**

Approval not required

(First name) (Middle name) (Last name)  
Selective Service No.     has  
been classified in Class \_\_\_\_\_ (Until \_\_\_\_\_)  
19.....) by  Local Board  Appeal Board,  
by vote of \_\_\_\_\_ to  President  
(Show vote on appeal board name only)  
\_\_\_\_\_, 19\_\_\_\_\_  
(Date of mailing) (Member or clerk of appeal board)

The law requires you, subject to heavy penalty for failure to carry  
out this notice, in addition to your Registration Certificate on your person  
in all instances, without a bona fide excuse, to authorized officials, to  
appear in person at your commanding office upon receiving the second notice.  
The law requires you to notify your local board in writing (1) of every  
change in your address, physical condition, and occupation, marital  
status, dependency, and military status, and (2) of any other fact which  
might change your classification.  
FOR ADVICE, SEE YOUR GOVERNMENT APPEAL AGENT

Commission Exhibit No. 804