Welcome to Detachment 475
University of New Hampshire

The attached forms are required for applicants in the AFROTC program. Ensure you read this entire package thoroughly and carefully. Only fill in the parts that you are instructed to fill in. All paperwork must be completed and turned in prior to issue of uniform.

1 - Application forms for AFROTC Membership

AFROTC Form 20, Application for AFROTC Membership
Complete sections I, II, III. Ensure you sign and date.

AFOATS Form 500, Restrictions on Personal Conduct in the Armed Forces
After you read this form, sign, date, print name on the “date of application” line only.

AF Form 883 - Privacy Act Statement—US Air Force Application Record
After you read this form, sign and date at the bottom

AF Form 3010, USAF Statement of Understanding for Dependent Care
Complete sections I, II, and IV only. In Section II, place your initials after each statement in the checkboxes.

Statement of Understanding – Air Force Dependency Policy
This form covers the Air Force policies concerning dependent care responsibility. Print your name in the first paragraph, and sign the First Signature Line. Do not go any further.

Request and Consent for Release of Student Records
Each student is required to sign a release statement authorizing the detachment to release transcript. We will need to review transcript each term to determine if you remain within academic standards.

AF Form 2030, USAF Drug and Alcohol Abuse Certificate
Complete all section on front; ensure you use your INITIALS ONLY instead of checkmarks. If you have answered, “yes” to any question in Section II, complete all sections in remarks section on back. Ensure you sign and date on the front of the form.

AFOATS Form 48, Planned Academic Program
This is an outline of all courses you are required to take in order to meet degree requirements by your projected graduation date. Complete this form in pencil only. Using the school catalog, you will need to fill in all the courses (to include AS and LLAB courses) to obtain your degree. Refer to the example attached. Must be completed by your first semester with AFROTC. (DUE BY TERM COUNSELING)

DD FM 93/Emergency Data Record
Self-explanatory. Use Pencil only. In block 13, you must designate one immediate family member to be able to handle your remains in the event that something happens to you. Include a number to contact them at.

AFROTC 35
You must fill this form out regarding any kind of civil involvement you have had with any kind of authority. Includes speeding tickets. Fill-out Section I, II, and IGNORE “ACTION”, “REMARKS”, “SIGNATURE OF AUTHORIZED REPRESENTATIVE”
Language Self Assessment
Self-explanatory

DD Form 2005, Privacy Act Statement – Health Care Records
While you are in the AFROTC Program, you will be receiving a medical examination. The Privacy Act of 1974 protects your medical records. This means that medical information will not be released to anyone outside of your detachment and medical personnel without your written consent. Sign, date and print your Social Security number.

DOD Medical Examination Review board- Report of medical history
Request you fill out all medical questions with appropriate answers. This will give us an idea of your overall medical.

Pre Participation Sports Physical
This must be taken to your local doctor to ensure that you are medically cleared and will be able to participate in physical training with your fellow cadets.

SCHOLARSHIP CADETS ONLY

HSSP – Freshman Review Statement of Understanding
This statement is to acknowledge you understand that you must be enrolled as FULL-TIME student each term and achieve Term GPA of 2.50 or higher during ALL terms. Must be notarized and signed by parent/legal guardian. for individuals still under age 18-yrs old, when contracting end-of-September. EXAMPLE: If you’re still 17-yrs old by end-of-September, this page MUST BE NOTARIZED.

READ-ONLY
- Pre-Enlistment and Separation Policy Briefing
  - AF Form 1056, Air Force Reserve Officer Training Corps (AFROTC) Contract
  **Page 6 – Must be notarized and signed by parent/legal guardian. for individuals still under age 18-yrs old, when contracting end-of-September. EXAMPLE: If you’re still 17-yrs old by end-of-September, this page MUST BE NOTARIZED.
  - DD Form 4 – Enlistment/Reenlistment Document

2 – Finance Documents

Direct Deposit Form
Must be completed and signed by Financial Institution

State of Legal Residence Certificate
Self-Explanatory

W-4, Tax Withholding
Self-Explanatory...coordinate with parents/legal guardian

Servicemember’s Group Life Insurance Election and Certificate
Instructions to properly complete form is attached

3 - Documents required for In-processing
You can mail or bring the following items with you when you in-process at the detachment.

  Original Birth Certificate or naturalization papers (detachment will make copy of original)
  Original Social Security Card (detachment will make copy of original)
  1 copy of Selective Service Card (males only)
  1 copy SAT score sheet

If you have any questions regarding filling out the papers, please call (617)253-4475
APPLICATION FOR AFROTC MEMBERSHIP

(Please read Privacy Act Statement on reverse before completing this form.)

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, (0701-0105), 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number. Please DO NOT RETURN your form to the above address. Return completed form to your AFROTC detachment.

I. GENERAL MILITARY COURSE/PROFESSIONAL OFFICER COURSE/COLLEGE SCHOLARSHIP PROGRAM APPLICANT DATA

NAME (Last, First, Middle Initial): ___________________________ SOCIAL SECURITY NUMBER: ______________ DATE OF BIRTH: __________/_____/______ GENDER: _______ FEMALE __ MALE

ETHNIC GROUP: ______ ASIAN ______ AMERICAN INDIAN OR ALASKAN NATIVE ______ HAWAIIAN ______ BLACK, NOT OF HISPANIC ORIGIN ______ WHITE, NOT OF HISPANIC ORIGIN ______ HISPANIC ______ DECLINE TO RESPOND

MARITAL STATUS: ______ MARRIED ______ SINGLE ______ DIVORCED

COLLEGE/UNIVERSITY ( Include Student ID Number if different from SSN): ___________________________ CURRENT MAILING ADDRESS: (Dorm, Room, Telephone Number, Street, City, State, and Zip Code): ___________________________ PERMANENT MAILING ADDRESS: (Street, City, State, Zip Code, and Telephone Number and E-mail Address): ___________________________

II. SELECTIVE SERVICE NUMBER (Males Only): ___________________________

III. MILITARY SERVICE OF PARENT OR GUARDIAN

Are you now or have you ever been an enlisted or warrant officer of any component of the US armed forces (i.e., Reserve, USN, USAF, USMC, USA, USCG, Merchant Marine)? If yes, complete the rest of this block.

BRANCH OF SERVICE: ___________________________ MILITARY SERVICE FROM (MOY/YR): __________/_____/______ TO (MOY/YR): __________/_____/______ TYPE OF DISCHARGE: ___________________________ YEARS REMAINING ON HIGHEST GRADE: __________/_____/______

Are you now, or have you ever been, a commissioned officer of any component of the armed forces (including Reserve, USN, USAF, USMC, USCG, Merchant Marine)? If yes, complete the rest of this block.

BRANCH OF SERVICE: ___________________________

IV. CURRENT STATUS OF PARENT OR GUARDIAN

Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?

V. BACKGROUND EXPERIENCE

A. Are you now, or have you ever been, an officer of the Health Services and Mental Health Administration?

B. Are you now, or have you ever been, a conscientious objector? (A conscientious objector is defined as: one who has or had a firm, fixed and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)

C. Are you now, or have you ever been affiliated with any organization or movement that seeks to alter our form of government by unconstitutional means, or sympathetically associated with any such organization, movement, or members thereof? (If yes, please describe.)

D. Do you already have a degree (BA, BS, etc.)?

E. Are you an AFROTC Scholarship Designee?

F. Are you an AFROTC Scholarship Designee? (Check one) 4-year ☐ 3-year ☐

AFROTC FORM 20, 20060901, V1 PREVIOUS EDITIONS ARE OBSOLETE.

OMB No. 0701-0105 Expires 20070531
ANSWER THE FOLLOWING QUESTIONS (CONT)

YES NO

Do you understand that participation in Air Force ROTC requires strenuous physical activity? (You will be required to obtain medical clearance from a physician prior to program entry.)

STATEMENT OF UNDERSTANDING

I understand that membership in the General Military Course (GMC) or attendance at Field Training (FT) does not guarantee that I will be accepted into the Professional Officer Course (POC). I understand that if I am not on scholarship, attendance at FT does not guarantee or commit me to enter the POC. GMC scholarship cadets who attend the first AS 200 class or Leadership Laboratory incur an Active Duty Service Commitment and are liable to call to extended active duty or recoupment (which includes payback of scholarship benefits received during the AS 100 year).

SIGNATURE OF APPLICANT

DATE

OATH OF ALLEGIANCE

I do solemnly swear or affirm that I will support and defend the Constitution of the United States against all enemies foreign or domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without any mental reservation or purpose of evasion.

SIGNATURE OF APPLICANT

DATE

REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 33, Appointment in Regular Component; 10 U.S.C. 103, Senior Reserve Officers' Training Corps as implemented by AFROTC 36-2011, Air Force Reserve Officers' Training Corps; and E.O. 9397 (SSN). PURPOSE: To process and manage selected students for acceptance into the USAF ROTC program. ROUTINE USES: This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation. DISCLOSURE: Furnishing the information is voluntary. Failure to provide requested information will hinder processing.
RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES

1. Military life is fundamentally different from civilian life. The military has its own laws, rules, customs, and traditions, including numerous restrictions on personal behavior, that would not be acceptable in civilian society. These are necessary because military units and personnel must maintain the high standards of morale, good order, discipline, and unit cohesion that are essential for combat effectiveness.

2. The Armed Forces must be ready at all times for worldwide deployment. Military law and regulations, including the Uniform Code of Military Justice, apply to service members at all times, both on base and off base, from the time the member enters the service until the member is discharged or otherwise separated from the Armed Forces.

3. Members of the Armed Forces may be involuntarily separated before their term of service ends for various reasons established by law and military regulations, such as:
   a. A member may be separated for a pattern of disciplinary infractions, a pattern of misconduct, commission of a serious offense, or civilian conviction.
   b. A member who has been referred to a rehabilitation program for personal drug and alcohol abuse may be separated for failure through inability or refusal to participate in, cooperate in, or successfully complete such a program.
   c. A member may be discharged by reason of parenthood, if it is determined the member, because of parental responsibilities, is unable to perform his or her duties satisfactorily or is unavailable for worldwide assignment or deployment.
   d. A member may be separated for violation of laws and regulations regarding sexual conduct of members of the Armed Forces, for example, engaging or attempting to engage in a homosexual act or soliciting another to engage in such an act; for stating that he or she is homosexual or bisexual, or words to that effect; or for marrying or attempting to marry an individual of the same sex.
   e. A member may be separated for failure to meet service weight control standards or physical fitness standards.
   f. A member may be separated for harassment of or violence against any service member.

4. POLICY - A member of the Armed Forces shall be separated from the Armed Forces under regulations prescribed by the Secretary of Defense if one or more of the following findings is made and approved in accordance with procedures set forth in such regulations:
   a. That the member engaged in, attempted to engage in, or solicited another to engage in a homosexual act or acts unless there are further findings, made and approved in accordance with procedures set forth in such regulations, that the member has demonstrated that:
      (1) Such conduct is a departure from the member's usual and customary behavior;
      (2) Such conduct, under all the circumstances, is unlikely to recur;
      (3) Such conduct was not accomplished by use of force, coercion, or intimidation;
      (4) Under the particular circumstance of the case, the member's continued presence in the Armed Forces is consistent with the interests of the Armed Forces in proper discipline, good order, and morale; and,
      (5) The member does not have a propensity or intent to engage in homosexual acts.
   b. That the member has stated he or she is a homosexual or bisexual, or words to that effect, unless there is a further finding, made and approved in accordance with procedures set forth in the regulations, that the member has demonstrated that he or she is not a person who engages in, attempts to engage in, has a propensity to engage in, or intends to engage in homosexual acts.
   c. That the member has married or attempted to marry a person known to be of the same biological sex.

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<th>DATE OF APPLICATION</th>
<th>NAME (Last, First, MI)</th>
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<td>DATE OF ENLISTMENT</td>
<td>NAME (Last, First, MI)</td>
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<td>DATE OF COMMISSION</td>
<td>NAME (Last, First, MI)</td>
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AFROTC FORM 500, 20060801, V1
PREVIOUS EDITIONS ARE OBSOLETE.
**USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY**

*This form is subject to the Privacy Act of 1974. Use Blanket PAS - AF Form 883.*

### I. MARITAL STATUS

- [ ] SINGLE
- [ ] MARRIED (Civilian)
- [ ] MARRIED (Military)
- [ ] SEPARATED
- [ ] DIVORCED
- [ ] WIDOWED

### II. STATEMENT OF UNDERSTANDING

I understand:

My eligibility is based on my marital and dependency status and failure to claim all my dependents may result in my involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes. 1. A spouse. 2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support. Includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse. 3. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child determines if a child is his. 4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. (5) FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by a court order determines if he is.

It is my responsibility to provide legal documents (marriage certificate, birth certificate, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) may result in disciplinary action to include involuntary discharge.

If applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, date of grade, number of dependents, and availability.

Military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a joint spouse assignment but there is no guarantee they will be assigned together.

### III. REMARKS

**NONE**

### IV. APPLICANT CERTIFICATION

I have read the information on this form and understand how it applies to me and my dependent(s). I also understand the needs of the Air Force come first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is of my personal knowledge and is true and correct and my recruiter did not advise me to conceal any dependency information.

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<th>NAME (Last, First, Middle Initial)</th>
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### V. RECRUITER CERTIFICATION

I certify the information on this form was explained to the applicant and I verified the applicant's dependent(s) and marital status from appropriate source documents.

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<th>DATE</th>
<th>RECRUITER'S NAME/ GRADE</th>
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### VI. APPLICANT FINAL CERTIFICATION

On the date of enlistment or commissioning or appointment and prior to signing the oath, I reviewed the information on this form and hereby reaffirm complete knowledge and understanding of the statements contained herein. I further certify all changes to my marital or dependent status since initiation of this form are explained in Section III.

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### VII. AIR FORCE REPRESENTATIVE FINAL CERTIFICATION

I have verified all known changes to the applicant's marital or dependent status since initiation of this form and certify they are explained in Section III.

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<th>DATE</th>
<th>NAME/ GRADE OF AIR FORCE REPRESENTATIVE</th>
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INSTRUCTIONS

This form is mandatory for all applicants applying for enlistment, commissioning or appointment in the Air Force (AF). Complete in accordance with AFJ 36-2Q02 and the following instructions:

Section I, Marital Status.

Applicant marks the applicable marital status.

Section II, Statement of Understanding.

Applicant initials all paragraphs to acknowledge his/her understanding. (NOTE: When applicant furnishes proof of permanent transfer of all rights to the legal, physical, or other responsibility for the custody, control, care, maintenance, and support of a dependant under 18-years of age through formal adoption, they will not be considered a dependant for accession purposes.)

Section III, Remarks.

If a dependency eligibility/waiver is required and approved; list date of approval, approving official, and position. If there are no comments, enter “None” and applicant must initial.

Section IV, Applicant Certification.

Self explanatory.

Section V, Recruiter Certification.

Self explanatory.

Section VI, Applicant Final Certification.

Complete on date of final enlistment, commissioning or appointment. (NOTE: Do not complete at time of delayed enlistment program (DEP) entry.) Ensure all changes to applicant’s marital and dependent status are annotated in Section III.

Section VII, Air Force Representative.

Complete on date of final enlistment, commissioning, or appointment. (NOTE: Do not complete at time of DEP entry.) Ensure all changes to applicant’s marital and dependent status are annotated in Section III.
STATEMENT OF UNDERSTANDING
AIR FORCE ROTC DEPENDENCY POLICY

I have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

a. (Non-contract Cadet) If I become/am unmarried (to include a common-law spouse) or marry to a military member, and I have legal or physical custody of any person incapable of self-care; or, married to a civilian spouse and wish to enlist in the pay grade of E-3 or lower and have legal or physical custody of two or more family members incapable of self-care, I do not meet Air Force enlistment standards. In such a case, I will be released from the AFROTC program. NO waivers are authorized.

b. (Contract Cadet) If I am unmarried (to include a common-law spouse) or married to a military member (including another contract AFROTC cadet), and become responsible for a family member or family members; or, married to a civilian spouse and enlisted in the pay grade E-3 or lower and have legal or physical custody of two or more family members incapable of self-care (through birth, marriage, court determination of parental or guardianship responsibility, divorce, or other means), I can continue in AFROTC only if granted a waiver by HQ AFROTC/RRFP. I must create an adequate family care plan in accordance with Air Force Instruction 36-2908. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

Certification Reason

Application □ Enlistment □ Commissioning □ Dependency Status Chg □

Date

Cadet Printed Name

Cadet Signature

Cadre Printed Name

Cadre Signature

Certification Reason

Application □ Enlistment □ Commissioning □ Dependency Status Chg □

Date

Cadet Printed Name

Cadet Signature

Cadre Printed Name

Cadre Signature

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Cadet Printed Name

Cadet Signature

Cadre Printed Name

Cadre Signature

Certification Reason

Application □ Enlistment □ Commissioning □ Dependency Status Chg □

Date

Cadet Printed Name

Cadet Signature

Cadre Printed Name

Cadre Signature
CERTIFICATION OF INVOLVEMENTS WITH CIVIL, MILITARY OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS

STATEMENT TO THE APPLICANT/CADET

A. The Detachment Commander must know if you have ever been arrested, convicted, involved with law enforcement officials or authorities for him/her to determine if you meet the character requirements for membership in Air Force ROTC. It is necessary for you to report any involvement with civil, military, or school authorities/law enforcement officials regardless of its insignificance, disposition, or finding on the certification provided below. Include traffic violations and any incidents which resulted in your being judged a juvenile offender. A finding of not guilty or advice by an attorney, court official, or anyone else to consider your record as clear does not constitute authority to leave the involvement off the certification.

B. In the future, you must report any civil involvements to the Detachment Commander or his/her designated representatives within 72 hours following its occurrence. If such incidents occur during a period of leave from the institution (e.g., student teaching or foreign study), attendance at Field Training, or during normal vacation periods, the 72-hour time limit will apply effective with the official date of your return to the institution.

C. Concealing or failing to report an involvement with civil, military, or school authorities/law enforcement officials, giving false information or claiming subsequent to initial certification that you were unaware of the contents of this document may result in elimination from consideration for membership in the Air Force ROTC program; or, if already a member, may result in your discontinuance from the Air Force ROTC program. The information reported on this certification form will be treated as confidential matter, subject to the provisions of the Privacy Act of 1974 and the Freedom of Information Act.

CERTIFICATE

CERTIFY THAT THE INFORMATION CONTAINED IN THE FOLLOWING CERTIFICATIONS INCLUDES ALL ARRESTS, DETENTIONS, CONVICTIONS, INVOLVEMENTS, ETC., THAT I HAVE HAD WITH CIVIL, MILITARY (INCLUDING ART. 15S), OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS REGARDLESS OF DISPOSITION OR SEEMING INSIGNIFICANCE. THE LISTS ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

II. CERTIFICATION

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<tr>
<th>TYPE OF INVOLVEMENT / ORIGINAL CITATION</th>
<th>DATE OF INVOLVEMENT</th>
<th>NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT</th>
<th>DISPOSITION/FINDING AND SENTENCE</th>
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WERE YOU DETAINED, CONFINED, OR PLACED ON PROBATION FOR ANY OF THE ABOVE?

☐ YES ☐ NO

WAS THE USE OF DRUGS OR ALCOHOL CITED?

☐ YES ☐ NO

ACTION

☐ NO ACTION REQUIRED ☐ CORROBoration REQUESTED

☐ WAIVER GRANTED ☐ CORROBoration RECEIVED

☐ WAIVER DENIED ☐ REQUEST FOR WAIVER FORWARDEd TO AFROTC/RFP

SIGNATURE OF CADET

☐

DATE

☐

REMARKS/COUNSELING

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

GRADE

DATE

AFROTC FORM 35, 20100719

PREVIOUS EDITIONS ARE OBSOLETE.
### FOR OFFICIAL USE (When filled in)

#### III. CERTIFICATION II

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<th>TYPE OF INVOLVEMENT</th>
<th>DATE OF INVOLVEMENT</th>
<th>NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT</th>
<th>DISPOSITION/FINDING AND SENTENCE</th>
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Were you detained, confined, or placed on probation for any of the above?  
☐ Yes  ☐ No

Was the use of drugs or alcohol cited?  
☐ Yes  ☐ No

Action:  
☐ No action required  ☐ Waiver granted  ☐ Waiver denied  ☐ Request for waiver forwarded  
Corroboration requested:  
Corroboration received:  
Waiver granted:  
Corroboration received:  
Request for waiver forwarded:  
To AFROTC/RRFP:  
Approved  Disapproved

Signature of Cadet:  
Date:  
Waiver denied:  
Request for waiver forwarded:  
To AFROTC/RRFP:  
Approved  Disapproved

Remarks/Counseling:

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement:  

Signature of Authorized Representative:  
Grade:  
Date:  

#### IV. CERTIFICATION III

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<th>TYPE OF INVOLVEMENT</th>
<th>DATE OF INVOLVEMENT</th>
<th>NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT</th>
<th>DISPOSITION/FINDING AND SENTENCE</th>
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Were you detained, confined, or placed on probation for any of the above?  
☐ Yes  ☐ No

Was the use of drugs or alcohol cited?  
☐ Yes  ☐ No

Action:  
☐ No action required  ☐ Waiver granted  ☐ Waiver denied  ☐ Request for waiver forwarded  
Corroboration requested:  
Corroboration received:  
Waiver granted:  
Corroboration received:  
Request for waiver forwarded:  
To AFROTC/RRFP:  
Approved  Disapproved

Signature of Cadet:  
Date:  
Waiver denied:  
Request for waiver forwarded:  
To AFROTC/RRFP:  
Approved  Disapproved

Remarks/Counseling:

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement:  

Signature of Authorized Representative:  
Grade:  
Date:  

AFROTC FORM 35, 20100719 REVERSE
# AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT

**MEDICAL AUTHORITY:** Measure height and weight of cadet/applicant. Compare results to AF standards located below.

**AFROTCCADET:** If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW 1308.3, then check the applicable box.

<table>
<thead>
<tr>
<th>3. CADET/APPLICANT MEASUREMENTS</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
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<tbody>
<tr>
<td>AFROTC WEIGHT STANDARDS</td>
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<tr>
<td>Reference Tables on Page 2</td>
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| 5. BODY FAT MEASUREMENT         |        |        |
| MALES: WAIST - NECK             |        |        |
| FEMALES: WAIST + HIP - NECK     |        |        |

**Note:** To be done if candidate exceeds maximum AF weight

| AIR FORCE BODY FAT STANDARDS    |        |        |
| FEMALE                          |        |        |
| 29 YEARS AND YOUNGER - 28%     |        |        |
| 30 YEARS AND OLDER - 32%       |        |        |
| MALE                            |        |        |
| 29 YEARS AND YOUNGER - 20%     |        |        |
| 30 YEARS AND OLDER - 24%       |        |        |

6. CHECK APPLICABLE BOX
- [ ] IS WITHIN AIR FORCE WEIGHT STANDARDS
- [ ] EXCEEDS AIR FORCE WEIGHT STANDARDS
- [ ] IS BELOW AIR FORCE WEIGHT STANDARDS

**MEDICAL AUTHORITY CERTIFICATION**

7. (FOR MEDICAL AUTHORITY): PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN AT THE BOTTOM.

I, _____________________________, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

8. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)

I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASSPOSES NO HEALTH RISK; NO SIGNS OF ANOREXIA OR BULIMIA EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____________________________ (Medical Authority Initials)

9. (FOR CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)

I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. _____________________________ (Medical Authority Initials)

10. (FOR ALL)

I FOUND / DID NOT FIND (please circle one) MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM.

11. NOTE: IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN.

___

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE  
EXAMINATION DATE

AFROTC FORM 28, 20080422
### TABLE 1. MAXIMUM ALLOWABLE WEIGHTS FOR BMI OF 27.5 (REGARDLESS OF AGE) (58 - 80 INCHES)

| HEIGHT (INCHES) | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MAXIMUM WEIGHT (POUNDS) | 131 | 136 | 141 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 186 | 191 | 197 | 202 | 205 | 214 | 220 | 225 | 231 | 237 | 244 | 250 |

### TABLE 2. MINIMUM ALLOWABLE WEIGHTS FOR BMI OF 19.0 (59 - 80 INCHES)

| HEIGHT (INCHES) | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MAXIMUM WEIGHT (POUNDS) | 91 | 94 | 97 | 100 | 104 | 107 | 110 | 114 | 117 | 121 | 125 | 128 | 132 | 136 | 140 | 144 | 148 | 152 | 156 | 160 | 164 | 169 | 172 |
AFOATS FORM 48 – YOUR PLAN TO GRADUATE ON TIME

PURPOSE: AFROTC requires each College Scholarship Program (CSP) recipient, Professional Officer Course (POC) Selection System (PSP) applicant, and POC cadet to complete and update the AFROTC Form 48, Planned Academic Program. Using this form helps assure you are scheduled to meet graduation and program completion requirements on time. Take the time NOW to plan your college courses—DO NOT wait until your Junior or Senior year to discover you failed to take a required course. Prior planning with your academic advisor NOW is time well spent.

Additionally, you are required to have a completed AFOATS Form 48 on file before we can nominate you for an In College Scholarship Program.

FILL OUT SECTION II IN PENCIL—IT IS A PLAN AND PLANS OFTEN CHANGE

GENERAL INSTRUCTIONS: Follow these step by step instructions to complete your Form 48. Your Form 48 is kept as a permanent record. An appropriate institutional official must REVIEW, VERIFY, and SIGN (Part #4) of this plan in ink. Return your Form 48 to our Detachment Personnel NCO after completion. NOTE: It is extremely important that you read all of the following instructions at least once before you start filling out the Form 48.

STEP BY STEP INSTRUCTIONS:

#1 - NAME: Last, first, and middle initial

#2 - ACADEMIC INSTITUTION/AFROTC DETACHMENT: Enter the name of university where you will receive your degree/Det 475

#3 - ACADEMIC MAJOR: Enter major field of study (school and specialty). If you change your major—you MUST complete a new Form 48. NOTE: Remember, if you are on scholarship/contract or have been submitted for a scholarship or enrollment allocation to enter the POC, you must obtain approval through the Professor of Aerospace Studies PRIOR to changing your academic major.

#4 - INSTITUTIONAL OFFICIAL REVIEW:

A. Your Form 48 must be signed and dated by the dean, department chairman, faculty advisor, or other appropriate institutional official. His/her signature/date verifies that the plan, if successfully completed, will lead to the prescribed degree at the time indicated.

B. A new institutional official review is required if a new AFROTC Form 48 is completed.

#5 - INITIAL REVIEW: Complete the statement indicating the specific degree (BS, BPA, MSBA, etc.) you will receive and the month and year your degree will be awarded. For example - "Completion of this education plan should result in my obtaining a "BS" degree during "May 2000". You will then sign the block marked student's signature. The AFROTC Reviewer's signature/date will be completed by your APAS after you have completed the form.

#6 - DEGREE REQUIREMENTS: This block will be signed and dated the week prior to commissioning.
SECTION II - ACADEMIC PLAN/TERM REVIEW: List all courses you plan to take each term by course number, title, and credit hours. Start from the date you prepare the form and list all terms required to complete degree and commissioning requirements from left to right on the form. Fill in the heading to indicate the term and year. EXAMPLE: Term 1: "Fall", Year: "2000", Term 2: "Spring", Year: "2001", Term 3: "Summer", Year: "2001", (if applicable) and so on. After completing the headings, list each course by number, title, and number of hours. You must also indicate Field Training on the Form 48. Usually this is programmed between the AS200 and AS300 years. Example: Term: Summer Year: 2009 Course Number: FT Course Title: Field Training.

A. Course Number - Enter the course number as listed in the school catalog.

B. Course Title - Provide a short, abbreviated course title when possible, i.e., "History and Principles of the Interpretation of the Bible" could be "Bible", "General Psychology" could be "Gen Psy", Inorganic Medical Chemistry" could be "Inor Med Chem", etc.

C. Credit Hours Attempt - Enter # of hours specified in the college catalog.

D. Credit Hours Comp - This entry is the number of credit hours per course that counts toward degree completion. If full credit is given, course hours attempt and credit hours comp are the same. If partial credit is allowed, enter only the number of hours creditable toward the degree. If no credit is given for the course, enter a zero.

E. Deviations - If "credit hours attempt" equals "credit hours comp"—leave blank. If only partial credit is allowed, enter the difference between "hours attempt" and "hours comp".

F. Since course offerings may not be known when you prepare the Form 48, you may list "electives" and the number of hours you anticipate. You may add the actual course title later when your plan becomes a reality.

G. All Aerospace Studies courses will be listed in the term they will be taken.

AERO 301 Leadership Laboratory
AERO 415 Foundation of the USAF I
AERO 416 Foundation of the USAF II
AERO 541 Evolution of USAF Air and Space Power I
AERO 542 Evolution of USAF Air and Space Power II
AERO 671 Air Force Leadership Studies I
AERO 672 Air Force Leadership Studies II
AERO 681 National Security Affairs I
AERO 682 National Security Affairs II
AERO 695 Officer Internship (Air Force)

H. Leave all remaining blocks BLANK. They will be filled out each semester during your term counseling with your Aerospace Studies instructor. Any questions, do not hesitate to ask!!

REMEMBER: THERE ARE NO DUMB QUESTIONS—JUST DUMB ANSWERS

As of 6 October 2004 -- AFOATS Form 48, 20040801 edition.
**I. ADMINISTRATIVE DATA**

(Shaded areas are for detachment use only)

1. **NAME** (Last, First, MI)

2. **ACADEMIC INSTITUTION/AFROTC DETACHMENT**

3. **ACADEMIC MAJOR**

4. **INSTITUTIONAL OFFICIAL REVIEW**

INSTITUTION OFFICIALS SIGNATURE/DATE

5. **INITIAL REVIEW**

COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A DEGREE DURING ____________

DO NOT SIGN BLOCK 6—SIGNATURE REQUIRED AFTER GRADUATION

6. **I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE AS STATED IN BLOCK 5.**

STUDENTS SIGNATURE

AFROTC REVIEWER'S SIGNATURE/DATE

SIGNATURE OF CADET/DATE

II. **ACADEMIC PLAN/TERM REVIEW**

<table>
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<th>TERM:</th>
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TOTAL CREDIT HOURS ATTEMPTED

REMARKS

Fall Term Reevaluation Complete:

Signature/Date of Institution Official

STUDENT'S SIGNATURE

AFROTC REVIEWER'S SIGNATURE/DATE

STUDENT'S SIGNATURE

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AFROTC FORM 48, 20060801, V1 REVERSE  PAGE __ OF __ PAGES
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Signature/Date of Institution Official ____________________________

STUDENT'S SIGNATURE ____________________________

AFROTC REVIEWER'S SIGNATURE/DATE ____________________________

AFROTC FORM 48, 20060801, V1 REVERSE
MEMORANDUM FOR

FROM: AFROTC Detachment 475

SUBJECT: Request and Consent for Release of Student Records

1. In compliance with PL 93-380, “Family Educational Rights and Privacy Act,” we need your consent before your educational institution or AFROTC Detachment 475 can release official copies of your transcript of grades and/or other student records to Department of Defense agencies.

2. These records are necessary for screening and evaluation of present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. The privacy of the information collected by means of this request will be maintained in accordance with the Privacy act of 1974 and the Freedom of Information Act, and the information will be used only for official AFROTC evaluation.

Cadre Signature

Cadre Printed Name / Rank

1st Ind,

TO: AFROTC Detachment 475

I have read and understand your request for my consent permitting my educational institution and/or AFROTC Detachment 475 to release official copies of my school records. I hereby voluntarily consent to the release of these records. I specifically, authorize school official or detachment personnel to release to AFROTC Detachment 475 personnel, or to the appropriate DOD agency any and all official records, files and data for their use as requested above.

Cadet Signature

Cadet Printed Name
MEMORANDUM OF BIRTH CITY/STATE CERTIFICATION FOR AFROTC APPLICANTS

FROM: AFROTC DET 475
45 College Road
Durham, NH 03824

SUBJECT: PER AFROTCI 36-2011 24 AUGUST 2012, PARA 4.3.2.10

1. Detachment personnel must verify US citizenship by reviewing a birth or naturalization certificate (if applicable). Cadets must also reveal whether they are dual citizens.

2. To verify and validate this information, we are required to generate, date/sign, and maintain in the a UPRG a MFR with the following statements/information: 4.3.2.10.1. Birth: Cadet was born in City, State (or Territory) on (Date of Birth). 4.3.2.10.2. Citizenship: Cadet is a US native – verified by birth certificate or a Naturalized Citizen, effective on (Date of naturalization). US citizenship has been verified with the original document.

3. This is to certify: Cadet ___________________________ was born in the City of__________________, and State of____________________ on__________________.

4. Further to certify: ___ Cadet is a US native – verified by birth certificate

//OR//

___ a Naturalized Citizen, effective the date of naturalization ________________________.

5. I certify I have verified this information with the original document.

________________________________________
Name/Sign/Date of Cadre Member

Attachment:
Copy of Birth Certificate
USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 893, Section 8256; Chapter 1205, Sec12201, and Executive Order 9957 (SSN), as amended.

PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.

ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. ‘Blanket Routine Uses’ apply.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information my negate the enlistment/commissioning application.

SECTION I. DEFINITION OF TERMS

ADVERSE ADJUDICATION: An adverse adjudication (adult or juvenile) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissed after compliance with imposed conditions is adverse adjudication.


ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol.

NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person’s misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but is not limited to: cocaine, crack, hallucinogens, (to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (paint, glue, and others), amphetamines (speed), methamphetamine (ice), barbiturates (downers) and anabolic steroids.

MARIJUANA: Any intoxicating or synthetic cannabinoid or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetic cannabinoids, in a form of an herbal and chemical product which, when consumed mimics the effects of cannabis, include salvia divinorum or salvinorin or any product known under such names as "Spice", "Genie", "DaScents", "ZOHIA", "K-2", and "KO Knockout 2" or variant thereof by whatever name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED. Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

INITIAL YES/NO BOXES AS APPLICABLE

Have you ever used or experimented with marijuana? (Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.)

Have you ever experimented with, used, or possessed any illegal drug or narcotic?

Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?

Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?

Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?

SECTION III. STATEMENTS OF UNDERSTANDING

During my medical examination, I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (including marijuana) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.

Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (including marijuana) or any alcohol abuse as described above, FROM THIS DATE FORWARD, renders me ineligible for the Air Force.

Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.

I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.

KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE

NAME (Last, First, M.I.) AND SSN OF APPLICANT

SIGNATURE

AF FORM 2030, 20121107 PREVIOUS EDITIONS ARE OBSOLETE

 PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974
<table>
<thead>
<tr>
<th>WITNESS</th>
<th>I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL</th>
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</thead>
<tbody>
<tr>
<td>DATE</td>
<td>NAME (Last, First, M.I.) AND GRADE OF WITNESS</td>
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<tr>
<td>REMARKS</td>
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</table>

**SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT**

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<th>INITIALS</th>
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<tr>
<td>I have read and fully understand all the information on this form.</td>
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<tr>
<td>I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.</td>
</tr>
<tr>
<td>I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.</td>
</tr>
<tr>
<td>DATE</td>
</tr>
<tr>
<td>WITNESS</td>
</tr>
<tr>
<td>DATE</td>
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</tbody>
</table>

AF FORM 2030, 20121107  PREVIOUS EDITIONS ARE OBSOLETE  PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974
PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

Printed Name ___________________________ Signature __________________ Date ________________

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.
INSTRUCTIONS FOR PREPARING DD FORM 93

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable.

When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. Military: Mark X in appropriate block. Civilian: Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.


ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in Item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.
a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".
b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in Item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. NOT APPLICABLE to civilians.

ITEM 9b. Address and telephone number of Designated Person(s). NOT APPLICABLE to civilians.

ITEM 10. Contracting Agency and Telephone Number (Contractors only). NOT APPLICABLE to military personnel. Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5698. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

(1) To the surviving spouse of the person, if any;
(2) To any surviving children of the person and the descendants of any deceased children by representation;
(3) To the surviving parents or the survivor of them;
(4) To the duly appointed executor or administrator of the estate of the person;
(5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.
ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. NOT APPLICABLE to civilians.

ITEM 11b. Relationship. NOT APPLICABLE to civilians.

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. NOT APPLICABLE to civilians.

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (Military only). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 11d. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2271) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. NOT APPLICABLE to civilians.

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. NOT APPLICABLE to civilians.

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. NOT APPLICABLE to civilians.

ITEM 13b. Address and telephone number of PADD. NOT APPLICABLE to civilians.

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J. Smith 18851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.
### RECORD OF EMERGENCY DATA

#### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 552, 10 USC 555, 1475 to 1480 and 2771, 36 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing, or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

#### INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

#### INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

### SECTION 1 - EMERGENCY CONTACT INFORMATION

1. **NAME (Last, First, Middle Initial)**

2. **SSN**

3a. **SERVICE/CIVILIAN CATEGORY**
   - O ARMY
   - O NAVY
   - O MARINE CORPS
   - O AIR FORCE
   - O DoD
   - O CIVILIAN
   - O CONTRACTOR

3b. **REPORTING UNIT CODE/DUTY STATION**

4a. **SPOUSE NAME** (If applicable) (Last, First, Middle Initial)

5. **CHILDREN**
   a. **NAME** (Last, First, Middle Initial)
   b. **RELATIONSHIP**
   c. **DATE OF BIRTH** (YYYY/MM/DD)
   d. **ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER**

6a. **FATHER NAME** (Last, First, Middle Initial)

7a. **MOTHER NAME** (Last, First, Middle Initial)

8a. **DO NOT NOTIFY DUE TO ILL HEALTH**

8b. **NOTIFY INSTEAD**

9a. **DESIGNATED PERSON(S)** (Military only)

10. **CONTRACTING AGENCY AND TELEPHONE NUMBER** (Contractor's only)

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**DD FORM 93, JAN 2008**

**PREVIOUS EDITION IS OBSOLETE.**

Adobe 7.0 Professional
<table>
<thead>
<tr>
<th>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</th>
<th>b. RELATIONSHIP</th>
<th>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>d. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Military only)</td>
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</tbody>
</table>

| 12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | c. PERCENTAGE |
| (Military only) NAME AND RELATIONSHIP         |                                                  |               |

| 13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PAD D) | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER |
| (Military only) NAME AND RELATIONSHIP              |                                                  |

<table>
<thead>
<tr>
<th>CONTINUATION/REMARKS</th>
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<tr>
<th>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)</th>
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<tr>
<th>16. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)</th>
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<tr>
<th>17. DATE SIGNED (YYYYMMDD)</th>
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DD FORM 93 (BACK), JAN 2008
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR  SSN OF MEMBER OR SPONSOR  DATE

DD FORM 2005, FEB 76 (EG)
HIGH SCHOOL SCHOLARSHIP PROGRAM (HSSP)
FRESHMAN REVIEW STATEMENT OF UNDERSTANDING

FOUR-YEAR SCHOLARSHIP SELECTEES (4YR HSSP). I understand I must be enrolled as a full-time student each term, be enrolled and participating in AFROTC courses and Leadership Laboratory each term. I understand I must achieve a TGPA of 2.5 or higher during all terms while I am contracted. If I do not, my scholarship eligibility may be impacted. If I am disenrolled from AFROTC as an AS100 cadet, I will not be subject to recoupment of scholarship funding or call to active duty. I have been counseled by an AFROTC representative on the scholarship activation and retention standards prescribed in AFROTC instructions and I understand the activation and retention standards. Even if I achieve GPA standards and my detachment commander does not feel my performance warrants scholarship retention, I understand my scholarship can be terminated immediately. I may, at the discretion of my detachment commander, continue in AFROTC on a non-scholarship basis.

THREE-YEAR SELECTEES (3YR HSSP). I understand that I must be enrolled as a full-time student through the entire freshman year at the school where I will activate my scholarship and be enrolled in and attending AFROTC classes and Leadership Laboratory each term and have a CGPA of 2.5 or higher by the end of spring term of my freshman year to activate my scholarship in the fall of my sophomore year. I understand I must achieve a TGPA of 2.5 or higher during all terms while I am contracted. I have been counseled by an AFROTC representative on the scholarship activation, fitness and retention standards prescribed in AFROTC instructions. I understand the activation, and retention standards and that I must pass the PFA during the spring term of my freshman year. If I fail to meet any of these standards, my scholarship offer will be withdrawn. Even if I achieve these standards and my detachment commander does not feel my performance warrants scholarship retention, I understand my scholarship offer can be withdrawn immediately.

HSSP SELECTEES WITH NON-TECH MAJORS. I understand that I must complete a minimum of 12 semester hours or 18 quarter hours of language training contingent upon the availability of language programs at host or associate campuses prior to my 4th year. I understand that if I fail to complete this requirement by the first day of my final year of AFROTC classes, I may lose my scholarship and be disenrolled from the program. In such situations, I understand that I may be required to repay the scholarship funds or be called to serve on active duty for a period of 2 years.

Signature Date

Parent/Guardian Date
(For Applicants Under Age to Contract)

AF Representative
By direction of the Secretary of the Air Force, I understand that I must complete a minimum of 12 semester hours or 18 quarter hours of language training contingent upon the availability of language programs at host or associate campuses prior to my 4th year. I understand that if I fail to complete this requirement by the first day of my final year of AFROTC classes, I may lose my scholarship and be disenrolled from the program. In such situations, I understand that I may be required to repay the scholarship funds or be called to serve on active duty for a period of 2 years. In order to fulfill this requirement, I plan on taking the following courses:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Hours</th>
<th>Term Scheduled</th>
<th>Term Completed</th>
<th>Cadet Initials</th>
<th>Cadre Initials</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>12 Semester or 18 Quarter Hours</td>
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</tbody>
</table>

Any foreign language courses accredited on the transcript, e.g. previous AP courses, CLEP’d courses, tested for credit courses, will be accepted as fulfilling the foreign language requirement.

Cadet Signature / Date

Cadre Signature / Date

Cadet Name (Print)

Cadre Name (Print)

FOR CADRE USE ONLY – TO BE COMPLETED AT THE END OF THE AS300 YEAR

I have reviewed the completed course work for Cadet __________________________ and verify that he or she has completed a minimum of 12 semester hours or 18 quarter hours of foreign language course work.

AS Instructor/Cadre Signature

Date
Required Documents for AF ROTC:

- Birth Certificate
- Social Security Cards
- Selective Service Number (male only)
HSSP Travel order worksheet

Cadet Name: __________________________________________________________

Cadet SSAN: __________________________________________________________

Cadet initial Travel date: _____________________________________________

Travel starts location: ________________________________________________

Travel Mode: _________________________________________________________

Travel Start/End date: ________________________________________________

Contract Date: _______________________________________________________

HSSP Travel order complete/Date completes ______________________________

Once HSSP travel order complete, accomplish HSSP travel Voucher

Voucher complete/Date submitted ________________________________
# UNIFORM SIZING SHEET

**Name** ___________________________  **Height** ________  **Weight** _______

**Last, First M.I.**

## MALES

<table>
<thead>
<tr>
<th>Item</th>
<th>Measurement Details</th>
<th>Size/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hat</td>
<td>Baseball cap size (7, 7 ½, etc)</td>
<td></td>
</tr>
<tr>
<td>Short sleeve dress shirt</td>
<td>Neck size in inches (15, 15 ½, 16, etc)</td>
<td></td>
</tr>
<tr>
<td>Long sleeve dress shirt</td>
<td>Sleeve length in inches (32, 33, etc)</td>
<td></td>
</tr>
<tr>
<td>Dress pants</td>
<td>Waist in inches (30, 32, 34, etc)</td>
<td></td>
</tr>
<tr>
<td>Suit jacket</td>
<td>Size &amp; length; short, regular, long (ie 38R)</td>
<td></td>
</tr>
<tr>
<td>Dress shoes</td>
<td>Size and width (8 regular, 9 wide, etc)</td>
<td></td>
</tr>
<tr>
<td>Physical training t-shirt</td>
<td>Size (S, M, L, XL)</td>
<td></td>
</tr>
<tr>
<td>Physical training shorts</td>
<td>Size (S, M, L, XL)</td>
<td></td>
</tr>
<tr>
<td>Physical training running jacket</td>
<td>Size (S, M, L, XL)</td>
<td></td>
</tr>
<tr>
<td>Physical training running pants</td>
<td>Size (S, M, L, XL)</td>
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## FEMALES

<table>
<thead>
<tr>
<th>Item</th>
<th>Measurement Details</th>
<th>Size/Details</th>
</tr>
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<tbody>
<tr>
<td>Hat</td>
<td>Baseball cap size (7, 7 ½, etc)</td>
<td></td>
</tr>
<tr>
<td>Skirt</td>
<td>Size (4, 6, 8, 10, etc)</td>
<td></td>
</tr>
<tr>
<td>Dress pants</td>
<td>Size (4, 6, 8, 10, etc)</td>
<td></td>
</tr>
<tr>
<td>Blazer/Coat</td>
<td>Size &amp; length; short, regular, long (ie 8S)</td>
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</tr>
<tr>
<td>Short sleeve dress shirt</td>
<td>Size (4, 6, 8, 10, etc)</td>
<td></td>
</tr>
<tr>
<td>Long sleeve dress shirt</td>
<td>Size &amp; length; short, regular, long (ie 12L)</td>
<td></td>
</tr>
<tr>
<td>Shoes</td>
<td>Dress shoe size (include width)</td>
<td></td>
</tr>
<tr>
<td>Physical training t-shirt</td>
<td>Size (S, M, L, XL)</td>
<td></td>
</tr>
<tr>
<td>Physical training shorts</td>
<td>Size (S, M, L, XL)</td>
<td></td>
</tr>
<tr>
<td>Physical training running jacket</td>
<td>Size (S, M, L, XL)</td>
<td></td>
</tr>
<tr>
<td>Physical training running pants</td>
<td>Size (S, M, L, XL)</td>
<td></td>
</tr>
</tbody>
</table>