



**DO NOT
COMPLETE THESE
FORMS UNTIL
YOU HAVE REVIEWED
THEM CAREFULLY
AND
HAVE ACCESSED
THE EXAMPLE FORMS**

**EXAMPLE FORMS ARE LOCATED ON THE AFROTC DETACHMENT 157 SITE
TO SIGN (WITH ADOBE ACROBAT READER DC):**

- 1. Click on "Signature" box.**
- 2. Select "Configure Digital ID".**
- 3. Select "Create a new Digital ID".**
- 4. Select the option for desired saving method.**
- 5. Enter the required information.**
- 6. Select "Sign".**

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 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (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 may negate the enlistment/commissioning application.

SORN(s): F036 AF PC H, Air Force Enlistment/Commissioning Records System.

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 dismissal after compliance with imposed conditions is adverse adjudication.

AIR FORCE: Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.

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 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*), methamphetamines (*ice*), barbiturates(*downers*), and anabolic steroids.

MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadivinorum or salvinorum 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

SELECT THE RESPONSE THAT IS TRUE →

YES NO

I have read and understand the definition of the terms above.

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

INITIALS

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

DO NOT SIGN UNTIL INSTRUCTED

WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME (Last, First, M.I.) AND GRADE OF WITNESS	SIGNATURE
REMARKS		
<p>1. Dates and circumstances behind each occurrence. Include specific reasons for the incidents, total # of times used and effects resulting from the use:</p> <p>2. Specific drug or combination of drugs used :</p> <p>3. Method of how it was used (orally, injected, sniffing, ect....)</p> <p>4. What effects were produced by the drug (be specific; none, panic, relaxation, distortion, flashbacks, ect...</p> <p>5. Describe any residual effects :</p> <p>6. Indicate current feelings toward usage, and weather or not you would use illegal drugs again:</p> <p>7. Include any statement or information you feel may be helpful in evaluation of your waiver request:</p> <p style="text-align: right;">Applicant Signature and Date</p> <p><input checked="" type="checkbox"/> I waive and grant program entry.</p> <p><input type="checkbox"/> Member's drug use/abuse not waived. Program entry not authorized.</p> <p style="text-align: right;">GREG M. ADAMS, Colonel, USAF Commander, AFROTC Det 157</p>		
SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT		INITIALS
I have read and fully understand all the information on this form.		
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.		
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.		
DATE	NAME (Last, First, M.I.) AND SSN OF APPLICANT	SIGNATURE
WITNESS		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME (Last, First, M.I.) AND GRADE OF WITNESS	SIGNATURE

IF YES ON
PREVIOUS
PAGE; ANSWER
1-7 / SIGN /
DATE

INSTRUCTIONS

This form is mandatory for all applicants applying for enlistment, commissioning or appointment in the Air Force (AF). Complete in accordance with AFI 36-2002 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.

USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C.; Chapter 31, Enlistments; AFI 36-2002, Enlisted Accessions; AFI 36-2013, Officer Training School (OTS) and Enlisted Commissioning Programs (ECPS); Executive Order 9397 (SSN), as amended.

PURPOSE: To determine enlistment/commissioning eligibility or process qualified applicants; classification and assignment actions after enlistment or commissioning.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(h)(3). DoD 'Blanket Routine Uses' published at the beginning of the Air Force's compilation of system of records notices apply.

DISCLOSURE: Voluntary. However failure to furnish personal identification information may negate the enlistment/commissioning application.

SORN(s): F036 AF PC H, Air Force Enlistment/Commissioning Records System.

SELECT STATUS THAT APPLIES TO YOU

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 includes those born out of wedlock. 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 or a court order determines is his.

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) will not prevent me from being available for worldwide assignment and failure to perform my military 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 join spouse assignment, but there is no guarantee they will be assigned together.

III. REMARKS

DO NOT SIGN OR DATE UNTIL INSTRUCTED

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.

DATE	NAME (Last, First, Middle Initial)	SSN	SIGNATURE
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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.

DATE	RECRUITER'S NAME/GRADE	SIGNATURE
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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.

DATE	SIGNATURE
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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.

DATE	NAME/GRADE OF AIR FORCE REPRESENTATIVE	SIGNATURE
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TATTOO/BRAND/BODY MARKING SCREENING/VERIFICATION**PRIVACY ACT STATEMENT**

JAD

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force, Executive Order 9397 (SSN), as amended.**PURPOSE:** To provide personnel management support to commanders and supervisors.**ROUTINE USE:** Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act. DoD 'Blanket Routine Uses' apply.**DISCLOSURE:** Voluntary, failure to provide SSN may impede proper placement in member's military personnel file.**WARNING:** The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you knowingly and willingly provide a false statement you can be tried by military courts - martial or meet an administrative board for discharge and could receive a less than honorable service characterization.**SECTION I. AIRMAN**

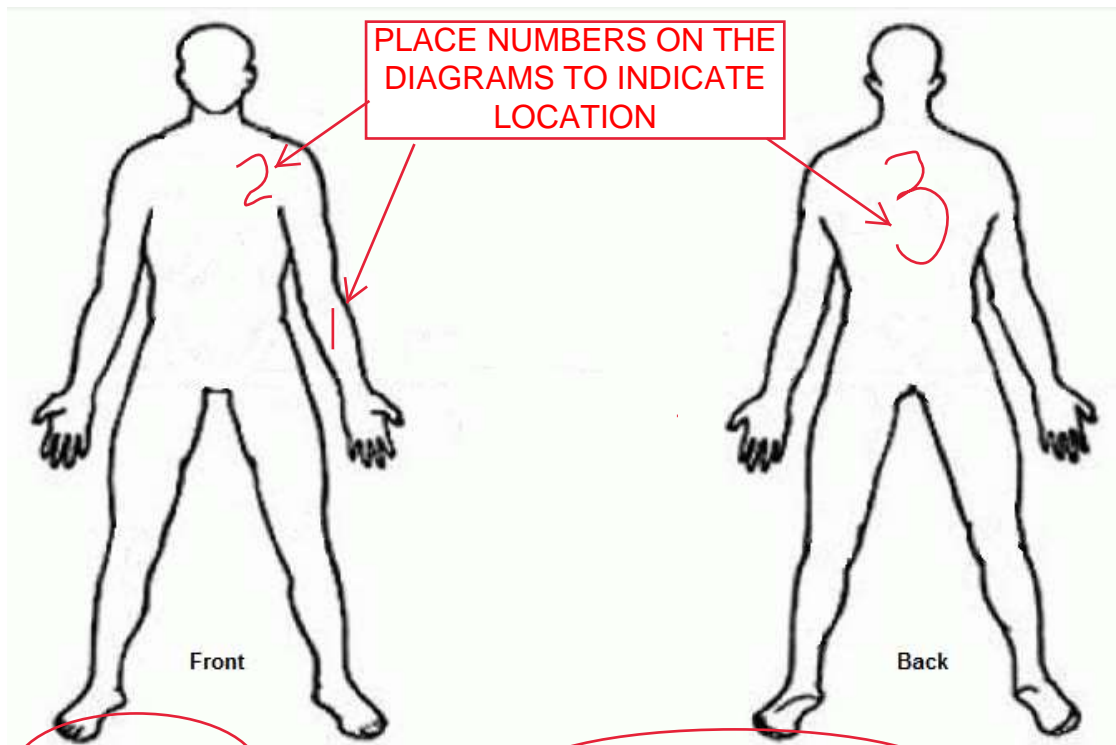
a. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)

b. DATE OF BIRTH (YYYY MM DD)

c. SOCIAL SECURITY NUMBER

SECTION II. IDENTIFICATION

- Commander marks all tattoo/brand/body markings with a number and Airman initials
- Commander describes tattoo/brand/body marking information below and Airman initials

Number
on Body
Diagram

Location

Description, Size, Shape and Meaning

Initials

SECTION II. TATTOO/BRAND/BODY MARKING IDENTIFICATION OVERFLOW

There is no additional tattoo/brand/body marking information for this section. Airman Initials

JAD**SECTION III. AIR FORCE TATTOO/BRAND/BODY MARKING POLICY**

Unauthorized (content): Tattoos/brands/body markings anywhere on the body that are obscene, commonly associated with gangs, extremist, and/or supremacist organizations, or that advocate sexual, racial, ethnic, or religious discrimination are prohibited in and out of uniform.

Excessive tattoos/brands/body markings will not be exposed or visible (includes visible through the uniform) while wearing any/all uniform combination(s) except the PTU. This includes any combination of short sleeve, long sleeve, open collar uniform, utility uniform sleeves rolled up or worn down, flight duty uniform, etc. This policy does not apply when wearing the PTU. Excessive is defined as any tattoos/brands/body markings that exceed 1/4 (25%) of the exposed body part and are readily visible when wearing any/all uniform combination(s).

The exposed body part is defined as the total area, to include front, sides and back of limb or other body part protruding from a uniform item.

SECTION IV. INITIAL CERTIFICATION**INITIALS**

I hereby certify that the markings in section II are a true and accurate representation of all tattoos/brands/body markings.

I have read and fully understand the information contained on this form and have been briefed on Air Force tattoo/brand/body marking policy.

DATE

Airman NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

**SUPERVISOR****I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE**

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

FIRST SERGEANT**I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE**

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

SECTION V. COMMANDER'S ACTION**INITIALS**

The tattoo/brand/body marking complies with policy and is approved.

The tattoo/brand/body marking does not comply with policy and requires further action IAW AFI 36-2903.

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

AIRMAN ACKNOWLEDGEMENT

DATE

NAME (*Last, First, M.I.*) RANK/GRADE

SIGNATURE

SECTION II. TATTOO/BRAND/BODY MARKING IDENTIFICATION

a. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)

No additional tattoo/brand/body marking information for this page. Airman Initials:

JAD

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

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

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEI); and E.O. 9397 (SSN), as amended.

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

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at:

<http://dpcl.d.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

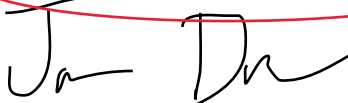
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to 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.

5. SIGNATURE OF PATIENT OR SPONSOR



6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)

**DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)**

**MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY
FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)**

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a ROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.



Cadet Signature and Date

**A PARENT/GUARDIAN SIGNATURE IS
REQUIRED IF APPLICANT IS UNDER 18
YEARS OF AGE**

Parent/Guardian Signature and Date
(Only for applicants under legal age of
majority. Must be notarized if not signed
in presence of detachment personnel)

DATES NEED TO MATCH



Printed Name and Signature of Witness (or Notary) and date

***WITNESS SHOULD BE AT LEAST 18 YEARS
OF AGE AND BE ABLE TO BE CONTACTED IF
REQUIRED.**

***IF NO WITNESS IS AVAILABLE, APPLICANT
MAY COMPLETE THE FORM IN THE
PRESENCE OF A NOTARY (STAMP AND
SIGNATURE IS REQUIRED IF NOTARY IS
UTILIZED)**

**DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)**

The Detachment Commander (CC), the Personnel NCO (DP), and the Information Management NCO (IM) need to open official US Air Force (USAF) correspondence delivered to the detachment addressed to cadets. Access to these documents is for the verification and accuracy of the contents ONLY. Specific documents we open are: assignment orders for cadets entering active duty, cadet travel summaries, and cadet Leave and Earnings Statements (LES). We must verify these documents when received to ensure accuracy and to immediately correct or report any discrepancies to higher headquarters. In accordance with the Privacy Act, we must have your permission to access this mail. Therefore, request you sign your payroll signature below to consent to our access. Giving consent is strictly voluntary. However, if you do not give your consent, delays may be encountered in processing these vital items. Only OFFICIAL USAF correspondence specifically approved by the detachment commander will be opened. Please sign below if you agree to authorize cadre members to open OFFICIAL USAF mail addressed to you.



Cadet Signature and Date

**A PARENT/GUARDIAN SIGNATURE IS
REQUIRED IF APPLICANT IS UNDER 18
YEARS OF AGE**

Parent/Guardian Signature and Date
(Only for applicants under legal age of majority.
Must be notarized if not signed in presence of
detachment personnel)

DATES NEED TO MATCH



Printed Name and Signature Witness (or Notary) and Date

***WITNESS SHOULD BE AT LEAST 18 YEARS
OF AGE AND BE ABLE TO BE CONTACTED IF
REQUIRED.**

***IF NO WITNESS IS AVAILABLE, APPLICANT
MAY COMPLETE THE FORM IN THE
PRESENCE OF A NOTARY (STAMP AND
SIGNATURE IS REQUIRED IF NOTARY IS
UTILIZED)**



**DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND**

INPUT THE UNIVERSITY
YOU WILL ATTEND ALL
NON-AFROTC COURSES
AT

DATE: _____

MEMORANDUM FOR _____ (University)

FROM: Cadet _____

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment (Det) 605 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det 605 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

(Student's Signature)

A PARENT/GUARDIAN SIGNATURE IS
REQUIRED IF APPLICANT IS UNDER 18
YEARS OF AGE

(Parent's Signature if student is under age 18 years of age)

STOP!!!
SUBMIT YOUR FORMS IN WINGs and/or PRINT YOUR
FORMS AND BRING THEM TO ORIENTATION