



# Army ROTC Forged Gold Battalion

## Army ROTC Enrollment Packet Instructions

Step 1: Please download this packet to your personal computer.

Step 2: Then complete the first three pages of this packet, everything else will autofill.

Step 3: Once you have filled out all required information, sign in the red signature boxes.

The pages requiring signatures have been bookmarked as well;

- a. Page 2 of CC 139-R
- b. Page 2 of Liability Waiver
- c. Police Record Check
- d. CC 136-R
- e. CC 137-R
- f. DD 2005
- g. DD 2058

Step 4: Save this PDF as your last name Enrollment Packet

EX: Herky Enrollment Packet

Step 5: Email this completed packet and the following applicable items to your prospective school;

- a. Scan of Birth Certificate or unexpired passport
- b. Scan of Social Security Card (signed if 18+ years old)
- c. **Transfer students:** Unofficial transcripts from other universities & colleges
- d. **Incoming freshmen:** Unofficial High School transcripts, SAT or ACT scores
- e. **Prior/Currently Enlisted Members:** DD 214
  
- f. Marriage License

If you have any questions, please do not hesitate to email your prospective university officials;

- UC Davis: [ucdavisrotc@gmail.com](mailto:ucdavisrotc@gmail.com)
- Sac State: [armyrotc@csus.edu](mailto:armyrotc@csus.edu)

Full Name (Last, First, Middle Initial):

Today's Date:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Campus Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates resided at this address (MM/YYYY- MM/YYYY): \_\_\_\_\_ -

Personal Phone Number (enter numbers in only): \_\_\_\_\_

Social Security Number (enter numbers in only): \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: (In U.S. City, County, State): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Place of Birth (Outside of U.S. City, Country): \_\_\_\_\_, \_\_\_\_\_

Race/Ethnicity: (PICK ONE) African American American Indian Asian Other: \_\_\_\_\_  
Hawaiian/Pacific Islander Hispanic/Latino White

Citizenship: (PICK ONE) US Born Naturalized Overseas Dual Religious Preference: \_\_\_\_\_  
Immigrant Non-immigrant Refugee

Sex (M-male or F-female): \_\_\_\_\_ Height (in inches): \_\_\_\_\_ ins. Weight (in pounds): \_\_\_\_\_ lbs.

Marital Status (M- married, S- single, D- divorced, W- widowed): \_\_\_\_\_

Do you have people who depend on you financially? (Y- yes or N- no): \_\_\_\_\_ If yes, how many?: \_\_\_\_\_

Next of Kin (First, Last Name & Relation to you): \_\_\_\_\_, \_\_\_\_\_

Next of Kin (Address): \_\_\_\_\_

Next of Kin (Phone Number, enter the numbers in only): \_\_\_\_\_

School of Attendance: \_\_\_\_\_ FICE Code (UCD- 1313 CSU- 1150): \_\_\_\_\_

Student ID #: \_\_\_\_\_ Academic Class Level: \_\_\_\_\_ Academic Major: \_\_\_\_\_

Projected Graduation Date (Fall or Spring and YYYY): \_\_\_\_\_

High School: \_\_\_\_\_ Graduation date (MM YYYY): \_\_\_\_\_

Army ROTC Scholarship recipient (Y-yes or N- no)? \_\_\_\_\_ If yes, what type?: \_\_\_\_\_

JROTC experience? (Y- yes or N- no): \_\_\_\_\_ If yes, what type and how many years?: \_\_\_\_\_

Yes I am okay with being featured on Social Media platforms for Army ROTC at Sac State

No I am not okay with being featured on Social Media platforms for Army ROTC at Sac State

Is your spouse currently a member of the Armed Forces (Y=yes or N-no)? \_\_\_\_\_

Have you ever been enrolled in an officer producing program (Y=yes or N-no)? \_\_\_\_\_

Were you ever disenrolled from the ROTC Program (Y=yes or N-no)? \_\_\_\_\_

Were you ever enrolled in a Service Academy (Y=yes or N-no)? \_\_\_\_\_

Were you ever discharged from the Armed Forces (Y=yes or N-no)? \_\_\_\_\_

If "yes" what type of discharge? \_\_\_\_\_ If "yes" what was the RE Code? \_\_\_\_\_

Have you ever been discharged for medical reasons (Y=yes or N-no)? \_\_\_\_\_

If "yes", explain: \_\_\_\_\_

#### RELEASE OF INFORMATION

The Privacy Act requires that we notify you of other routine uses of the information we collect from you. You should know that if you leave school, we might provide your name, address, and phone number to the U.S. Army Recruiting Command. This is done because the Active Army, Army Reserve, and National Guard want and need intelligent young men and women. They also have programs which might help you return to college. The transfer of information to the Recruiting Command means that, if you drop from school, you may receive information in the mail or be called by an Army Recruiter. You are under no obligation to accept the mail or to talk to the recruiter.

**I have read and understand the above statement concerning data required by the Privacy Act of 1974.**

#### STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES

I have not been indicted or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any and all proceedings involving juvenile or adult criminal offenses, but excluding minor traffic violations (Exception: alcohol-related driving offenses) which involved a fine or forfeiture, alone, of less than \$250. I have not had 6 or more minor traffic violations (excluding parking violations) in a 12-month period where the fine is any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed **STILL** require a waiver. \$100 or more per offense. I have not had 12 or more minor traffic violations (excluding parking violations) during the previous 3 years where the fine is \$100 or more per offense. I have never been convicted, fined, imprisoned, placed on probation, paroled, or pardoned (to include alcohol violations and misdemeanors), except for minor traffic violations as defined above. I will advise the Professor of Military Science of any future information pertaining to any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed **STILL** require a waiver.

**The above statement is true**

**The above statement is not true-**

**Explain:** \_\_\_\_\_

#### SUBSTANCE ABUSE

I have never used an illegal substance or drug

I have used illegal substances or drugs only on an experimental or limited basis

When: \_\_\_\_\_ How often?: \_\_\_\_\_

I have been a recent or frequent user of illegal substances or drugs

When: \_\_\_\_\_ How often?: \_\_\_\_\_

NOTE: **Any future drug use will be grounds for disenrollment from the ROTC program.**

RELIGIOUS ACCOMMODATIONS

The U.S. Army cannot guarantee that my religious practices will be accommodated. I acknowledge and understand that it is the Department of the Army's policy to accommodate religious practices as long as the practice will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. I further acknowledge and understand that the U.S. Army has the right to amend or eliminate any such accommodation based on the needs of the Army.

**I have read and understand the above statement concerning accommodation of my religious practices.**

CONSCIENTIOUS OBJECTION

If you have moral convictions that preclude you from bearing firearms and/or participating in full military service with the U.S. Army, to include armed combat, then you are a conscientious objector. AR 600-43 defines conscientious objection as "A firm, fixed and sincere objection to participation in war in any form or the bearing of arms, because of religious training and belief."

**I am not a conscientious objector**

**I am a conscientious objector**

**Explain:** \_\_\_\_\_

Currently serving in the military?    Not Applicable    Yes    If yes, what branch?: \_\_\_\_\_

SMP Unit: \_\_\_\_\_ Months of Active Service: \_\_\_\_\_

NAME: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name, First Name, Middle Initial

Address: \_\_\_\_\_

Mission Set: \_\_\_\_\_ MS Class: \_\_\_\_\_ SMP? \_\_\_\_\_ LTC/CIET? \_\_\_\_\_ Phone: \_\_\_\_\_

Compression Sophomore? \_\_\_\_\_ Major \_\_\_\_\_

School of Admittance: \_\_\_\_\_

Semester eligible/scheduled to contract: \_\_\_\_\_

(Compression Sophomores not eligible to contract until term following completion of MILS 14 & 15 unless scholarship winner)

\*\*\*\*\***ENROLLMENT DOCUMENTS**\*\*\*\*\*

- \_\_\_\_\_ DA Form 3425-R (Medical Fitness Statement)
- \_\_\_\_\_ DD Form 369 (Police Record Check )
- \_\_\_\_\_ DD Form 2005 (Medical Privacy Act Statement)
- \_\_\_\_\_ CC 139-R (15 Feb 13 version) (Basic Enrollment form)
- \_\_\_\_\_ CC Form 136-R (Government Sponsored Benefits Statement)
- \_\_\_\_\_ CC Form 137-R (Authorization for Access to Student Records)
- \_\_\_\_\_ Liability Waiver
- \_\_\_\_\_ Social Media Waiver
- \_\_\_\_\_ Birth Certificate or unexpired U.S. Passport
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Marriage License (if applicable)
- \_\_\_\_\_ High School Transcripts, College Transcripts, SAT, ACT  
(if applicable)

| Course Progression |             |          |             |
|--------------------|-------------|----------|-------------|
| Semester           | MILS Course | Semester | MILS Course |
|                    |             |          |             |
|                    |             |          |             |
|                    |             |          |             |
|                    |             |          |             |

\*\*\*\*\***CONTRACTING DOCUMENTS**\*\*\*\*\*

- \_\_\_\_\_ **DD Form 93** (Emergency Data Card)
- \_\_\_\_\_ **DD Form 2058** (State of Legal Residence)
- \_\_\_\_\_ **SF 1199A** (Direct Deposit)
- \_\_\_\_\_ **W-4** (Employee's Withholding)
- \_\_\_\_\_ **SGLI** (Life Insurance)

- \_\_\_\_\_ **CC 104-R** (Planned Academic Worksheet)
- \_\_\_\_\_ **DoDMERB** (Physical Exam)  
\*if prior MEPS exam, must be less than 2 years old from the date of exam to ROTC contract.
- \_\_\_\_\_ **DD 214** (Certificate of Release or Discharge from Active Duty) VETERANS (if applicable)

\*\*\*\*\***ADDITIONAL CONTRACTING REQUIREMENTS**\*\*\*\*\*

\_\_\_\_\_ **GPA** Cum College GPA (min 2.0): \_\_\_\_\_ Cumulative ROTC GPA (min 2.0 to contract; 3.0 for schol appl): \_\_\_\_\_

\_\_\_\_\_ **Waiver** (if applicable): alien participation/civil conv/dependent etc.

DATE SUBMITTED: \_\_\_\_\_

\_\_\_\_\_ **APFT**

\_\_\_\_\_ Minimum score 180: 60 pts in each event for ALL contracting cadets (scholarship and non-scholarship)

\_\_\_\_\_ Meets height/weight

# CADET APPLICATION AND ENROLLMENT RECORD

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority** 10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301  
**Principal Purpose(s)** To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for the administration of the ROTC student commencing with application for enrollment into the ROTC Program.  
**Routine Uses** To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with complete information with a cadet during other than normal training periods; to make a matter of record the information provided by the cadet.  
**Disclosure** Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.

### PART I - GENERAL INFORMATION

1. NAME    2. SSN  3. COLLEGE ID #  4. EMAIL   
LAST NAME FIRST NAME M.I.

5. LOCAL ADDRESS  5a. CITY  5b. STATE  5c. ZIP CODE  6. PHONE NUM   
STREET ADDRESS SUITE/APT #

7. PERMANENT ADDRESS  7a. CITY  7b. STATE  7c. ZIP CODE  8. PH NUM

9. DOB  10. POB   11. RELIGIOUS PREF  12. BLOOD TYPE  13. ACT  14. SAT   
YYYY-MM-DD CITY COUNTY OR COUNTRY STATE

15. SEX  16. HEIGHT  17. WEIGHT  18. MARITAL STATUS  19. DEPENDENTS  19a. NUMBER OF DEPENDENTS   
INCHES POUNDS

20. RACE/ETHNICITY (Check One)  African American  American Indian  Asian  Caucasian  Hispanic  Other

21. CITIZENSHIP (Check One) U.S. Citizen:  U.S. Born  Naturalized  Born Overseas With U.S. Parents  Dual Citizenship (See CC PAM 145-4, 2-39)  
Non U.S. Citizen:  Immigrant Alien  Nonimmigrant Alien  Refugee

22. Do you have any condition that could interfere with you participating in a normal college physical education course?  22a. If "yes" explain

23. Have you ever received Medical Disability payments from any source?  23a. If "yes" explain

24. NEXT OF KIN  24a. ADDRESS  24b. PHONE NO   
FIRST, M.I., AND LAST NAME RELATION TO YOU STREET ADDRESS, SUITE/APT #, CITY, STATE, ZIP CODE

### PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL  University California Davis 25a. FICE CODE  001313 26. SCHOOL OF ATTENDANCE  26a. FICE CODE

27. RESIDENCY STATUS  28. ACADEMIC CLASS  29. PROJECTED GRADUATION DATE  30. ACADEMIC MAJOR

31. ACADEMIC MINOR  32. CREDITS TOWARD DEGREE  33. CREDITS REQUIRED FOR DEGREE  34. CGPA (COLLEGE)

35. OTHER COLLEGES ATTENDED  35a. YEAR(S) ATTENDED  36. HIGH SCHOOL ATTENDED

36a. GRADUATION DATE  37. ROTC SCHOLARSHIP RECIPIENT  37a. If "yes" what type?

38. OTHER SCHOLARSHIPS  39. JROTC EXPERIENCE

### PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

NOT APPLICABLE (Go to PART IV) 40. CURRENT SERVICE: Are you currently in the Armed Forces?  40a. If "yes" which Branch?

40b. SMP UNIT  40c. Is your spouse currently a member of the Armed Forces?

41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program?  41a. Were you ever disenrolled from the ROTC Program?

41b. Were you ever enrolled in a Service Academy?  41c. Were you ever discharged from the Armed Forces?  41d. If "yes" what type of discharge?  41e. If "yes" what was the RE Code?

41f. Months of Active Service  41g. Have you ever been discharged for medical reasons?  41 h. If "yes", explain:

# CADET APPLICATION AND ENROLLMENT RECORD

Last Name

SSN

## PART IV - STUDENT STATEMENTS

**42. RELEASE OF INFORMATION**

The Privacy Act requires that we notify you of other routine uses of the information we collect from you. You should know that if you leave school, we might provide your name, address, and phone number to the U.S. Army Recruiting Command. This is done because the Active Army, Army Reserve, and National Guard want and need intelligent young men and women. They also have programs which might help you return to college. The transfer of information to the Recruiting Command means that, if you drop from school, you may receive information in the mail or be called by an Army Recruiter. You are under no obligation to accept the mail or to talk to the recruiter.

I have read and understand the above statement concerning data required by the Privacy Act of 1974.

Verification of the following statements is required in order to assist in establishing eligibility to participate in the ROTC program. Failure to provide a response will preclude further processing as an enrolled cadet. Failure to provide an accurate or truthful response is grounds for barring entry into the SROTC program or for the initiation of disenrollment action. Your signature at the bottom of this page will attest to the accuracy of your responses on this form.

**43. STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES**

I have not been indicted or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any and all proceedings involving juvenile or adult criminal offenses, but excluding minor traffic violations (Exception: alcohol-related driving offenses) which involved a fine or forfeiture, alone, of less than \$250. I have not had 6 or more minor traffic violations (excluding parking violations) in a 12-month period where the fine is \$100 or more per offense. I have not had 12 or more minor traffic violations (excluding parking violations) during the previous 3 years where the fine is \$100 or more per offense. I have never been convicted, fined, imprisoned, placed on probation, paroled, or pardoned (to include alcohol violations and misdemeanors), except for minor traffic violations as defined above. I will advise the Professor of Military Science of any future information pertaining to any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed **STILL** require a waiver.

Check One:

The above statement is true.       The above statement is not true - Explain:

**44. SUBSTANCE ABUSE**

Check One:

I have never used an illegal substance or drug.

I have used illegal substances or drugs only on an experimental or limited basis.      When:       How Often:

I have been a recent or frequent user of illegal substances or drugs.      When:       How Often:

NOTE: Any future drug use will be grounds for disenrollment from the ROTC Program.

**45. RELIGIOUS ACCOMMODATION**

The U.S. Army cannot guarantee that my religious practices will be accommodated. I acknowledge and understand that it is the Department of the Army's policy to accommodate religious practices as long as the practice will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. I further acknowledge and understand that the U.S. Army has the right to amend or eliminate any such accommodation based on the needs of the Army.

I have read and understand the above statement concerning accommodation of my religious practices.

**46. CONSCIENTIOUS OBJECTION**

If you have moral convictions that preclude you from bearing firearms and/or participating in full military service with the U.S. Army, to include armed combat, then you are a conscientious objector. AR 600-43 defines conscientious objection as "A firm, fixed and sincere objection to participation in war in any form or the bearing of arms, because of religious training and belief."

Check One:     I am not a conscientious objector.       I am a conscientious objector.      Explain:

Intentionally Left Blank

"All information given on this form is correct to the best of my knowledge."

SIGNATURE OF CADET

**47. LOYALTY OATH (OPTIONAL FOR NONCONTRACTED CADETS)**

"I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America against all enemies, both foreign and 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, so help me God."

SIGNATURE OF CADET

DATE

## CADET APPLICATION AND ENROLLMENT RECORD

Last Name

SSN

### PART V - BASIC COURSE ENROLLMENT ELIGIBILITY CHECKLIST\*

**ALL NONCONTRACTED CADETS MUST MEET THE FOLLOWING CRITERIA TO ENROLL IN THE BASIC COURSE:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5.

48. ACADEMIC STATUS  Eligible: Registered for and attending full time (in accordance with university policy - usually 12 or more credit hours) a regular course of instruction resulting in an accredited undergraduate or graduate degree at a host or partnership school.  
 Ineligible (Waiver denied): Not registered for and attending full time a regular course of instruction at a host or partnership school.

49. CONSCIENTIOUS OBJECTION  Eligible: (a) U.S. Citizen and is not a conscientious objector. (b) Enrolled alien student (exempt by statute). (c) Students required by their school to take military training.  
 Ineligible: Student is a U.S. Citizen and a conscientious objector at a school, which does not require its students to take military training. (NOTE: Prior to enrollment students who have previously been conscientious objectors must furnish a letter stating they no longer have convictions that preclude bearing arms and participating in full military service with the U.S. Army).

50. CHARACTER  Eligible: Good moral character. No domestic violence conviction.  
 Ineligible: Nonwaiverable. Domestic violence misdemeanor or felony conviction.

51. TATTOOS  Eligible: Student does not have any tattoos specifically prohibited by Army policy (see ineligible below).  
 Ineligible: (a) Any tattoo/brand on the face, neck or head (permanent facial makeup that conforms to AR 670-1 makeup standards is permitted). (b) Other tattoos/brands that are visible and that detract from a soldierly appearance while wearing the Class A uniform. (c) Other tattoos/brands that are prejudicial to good order and discipline.

52. CITIZENSHIP  Eligible: U.S. Citizen (Must be verified per instructions). (Dual citizens must renounce foreign citizenship prior to receiving a clearance (see CC PAM 145-4, 2-39a)).  
 Approval Required: (a) Immigrant Alien (b) Refugee (NOTE: Aliens are ineligible for scholarship and SMP, even if approved for enrollment).  
 Ineligible: Nonimmigrant Aliens.  Approval Granted (Eligible): Date

53. MEDICAL  Eligible: DA Form 3425-R has been completed and signed by a qualified medical physician (or equivalent statement from university health care provider) showing no medical condition/physical impairment that precludes enrollment in the basic course.  
 Ineligible (Waiver denied or nonwaiverable): Qualified medical physician refuses to complete and sign DA Form 3425-R for the student.

**\* NOTE: ENROLLMENT ELIGIBILITY OFFICER WILL CHECK THE INFORMATION IN PARTS I - III AND THE STUDENT'S STATEMENTS IN PART IV AND ADVISE THE STUDENT IF A WAIVER IS REQUIRED PRIOR TO CONTRACTING I.E., AGE, RE-CODE, DEPENDENCY, CIVIL CONVICTION, SUBSTANCE ABUSE, ETC. (Waiver approval is not guaranteed).**

### PART VI - NONSCHOLARSHIP CONTRACTING ELIGIBILITY CHECKLIST

**ALL NONSCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. (Scholarship students must also meet scholarship eligibility requirements in Part VII)

54. PREVIOUS CRITERIA  Eligible: Student meets criteria 49-54 on the Basic Course Enrollment Eligibility Checklist (Part V).  
 Waiver Required: Pending waiver for criteria in Part V above.  Waiver Granted (Eligible): Date   
 Ineligible (Waiver denied or nonwaiverable).

55. CIVIL CONVICTION  Eligible: (a) No civil conviction, adverse adjudication, or court-martial conviction other than minor traffic violations (Exception: alcohol-related driving offenses) resulting in a fine of less than \$250. (b) Not guilty verdict or successful appeal of a conviction.  
 Waiver Required (Prior to Contracting): Any civil conviction, adverse adjudication, or court-martial conviction other than minor traffic violations (Exception: Alcohol-related driving offenses) resulting in a fine of less than \$250. Any conviction resulting in other adverse dispositions (punishment other than a fine) requires a waiver. Convictions where the record is expunged, sealed, set aside, dismissed, or original finding or pleas changed **still** require a waiver.  
 Waiver Granted (Eligible): Date   
 Ineligible (Waiver denied or nonwaiverable): (a) Pending charges for violating any civil law; (b) On supervised and/or conditional probation.

56. DEPENDENCY  Eligible: (a) Single student with no dependents. (b) Married student with no more than three (3) dependents, to include spouse. (c) Single student whose children have been placed by **court order** in the custody of an adult relative/legal guardian and the student is not required to pay child support.  
 Waiver Required (Prior to Contracting): (a) More than three (3) dependents (spouse plus more than 2 children under 18 years old). (b) Single parent whose children have been placed by **court order** in the custody of an adult relative/legal guardian when the student is required to pay child support. (c) Spouse is also in Army ROTC and there are children under 18 years old. (d) Spouse is in a military component of any Armed Service (other than Inactive Ready Reserve) when student has a child under 18 years old.  
 Waiver Granted (Eligible): Date   
 Ineligible (Waiver denied or nonwaiverable): Single parents who have legal custody of their children who are under 18 years old.



## CADET APPLICATION AND ENROLLMENT RECORD

Last Name

SSN

### PART VI - NONSCHOLARSHIP CONTRACTING ELIGIBILITY CHECKLIST (CONTINUED)

**ALL NON-SCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. (Scholarship students must also meet scholarship eligibility requirements in Part VII.)

|                      |  |   |   |
|----------------------|--|---|---|
| 57. SUBSTANCE ABUSE  | <input type="checkbox"/> Eligible: (a) Never used chemical substances or drugs; (b) Self admitted limited, experimental use of chemical substances or drugs which occurred over 6 months prior to contracting, unless disqualified by DoDMERB.<br><input type="checkbox"/> Waiver Required: (a) Self admitted use of chemical substances or drugs on an experimental or limited basis, which occurred within six (6) months prior to contracting. (b) Self admitted frequent and/or habitual use of chemical substances or drugs prior to contracting.<br><input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable) Chemical substance or drug abuse requiring professional care, which is medically disqualifying.   | <input type="checkbox"/> Waiver Granted (Eligible): | Date <input style="width: 100px;" type="text"/> |
| 58. LOYALTY OATH     | <input type="checkbox"/> Eligible: Cadet signed loyalty oath.<br><input type="checkbox"/> Ineligible: Refuses to sign loyalty oath.  |   |   |
| 59. PRIOR SERVICE    | <input type="checkbox"/> Eligible: (a) No prior service. (b) Honorably discharged from the Armed Services with a qualifying RE code of 1 on DD Form 214. (c) Currently in the Army Reserve or National Guard (see NOTE below).<br><input type="checkbox"/> Waiver Required: (a) Honorably discharged with an RE code other than 1 on DD Form 214.<br><input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable): (a) Honorably discharged with a disqualifying RE code on the DD Form 214. (b) More than ten (10) years Active Duty, without an exception to policy from CC. (c) Any type of discharge other than "honorable". (d) Current or former commissioned officer, or has a certificate of eligibility for appointment as a commissioned officer. (e) On Active Duty at time of contracting. A soldier on terminal leave is ineligible until actual separation.<br><b>NOTE:</b> Contracted cadets cannot be in the USAR or ARNG (to include IRR) outside of the SMP program. Upon contracting, current members of the USAR or ARNG must <i>either</i> sign an SM sign an SMP contract (and remain a member of the USAR or ARNG) or sever ties with their USAR or ARNG unit (the ROTC contract overrides any reserve component contract). | <input type="checkbox"/> Waiver Granted (Eligible): | Date <input style="width: 100px;" type="text"/> |
| 60. CITIZENSHIP      | <input type="checkbox"/> Eligible: U.S. citizen. (Dual citizens must renounce foreign citizenship prior to receiving a clearance, which is a prerequisite for commissioning (see CC PAM 145-4, 2-39a)).<br><input type="checkbox"/> Ineligible (Nonwaiverable): Non-U.S. citizen.  |   |   |
| 61. PLACEMENT CREDIT | <input type="checkbox"/> Eligible: Student is enrolling in the Alternate Entry Program, the Accelerated Cadet Commissioning Training Program, <i>OR</i> student has received credit for MS I & MS II by any combination of the following (as set forth in CC Reg 145-3, Table 6-1): (a) Completed Basic Course. (b) Successfully completed LTC. (c) Completed Basic Training in one of the Armed Services. (d) Credit for Senior ROTC training (Army, Navy, Air Force, Marine, or Coast Guard). The first year of any SROTC = credit for MS I. Any additional years of SROTC = credit for the Basic Course. (e) Participation in a service academy. One year = credit for MS I. Two years = credit for the Basic Course. (f) JROTC experience. One year = no credit. Two years = PMS may award up to MS I credit. Three years = PMS may award up to full Basic Course credit.<br><input type="checkbox"/> Ineligible (Waiver denied/Nonimmigrant Aliens)   |   |   |
| 62. ACADEMIC STATUS  | <input type="checkbox"/> Eligible: (a) All students must be enrolled full time AND academically aligned AND have a cumulative college GPA (if any) of 2.0 on a 4.0 scale or equivalent. (b) MJC freshman also require at least a 2.0 cumulative high school GPA AND SAT score of 850 or ACT of 17.<br><input type="checkbox"/> Waiver Required: Graduate student with less than full time enrollment (waiverable).<br><input type="checkbox"/> Ineligible (Waiver denied): (a) Student is not academically aligned (Exceptions to policy may be considered); (b) Cumulative college GPA is less than 2.0 (nonwaiverable).  | <input type="checkbox"/> Waiver Granted (Eligible): | Date <input style="width: 100px;" type="text"/> |
| 63. PHYSICAL FITNESS | <input type="checkbox"/> Eligible: Score 180, with a minimum of 60 points in each event, on a single APFT.<br><input type="checkbox"/> Ineligible (Nonwaiverable): Failure to meet eligibility criteria.   |   |   |
| 64. MEDICAL          | <input type="checkbox"/> Eligible: Student is fully medically qualified by a DoDMERB physical.<br><input type="checkbox"/> Waiver Required: Student is medically disqualified by a DoDMERB or MEPS physical, if applicable.<br><input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable).   | <input type="checkbox"/> Waiver Granted (Eligible): | Date <input style="width: 100px;" type="text"/> |
| 65. AGE              | <input type="checkbox"/> Eligible: Student is at least 17 years of age at time of contracting and will be less than age 30 at time of commissioning.<br><input type="checkbox"/> Waiver Required (Prior to Contracting): Age 35 or older at time of commissioning. Brigade Commander can waive thru age 39. CG is waiver approval authority for over 39 years of age.<br><b>NOTE:</b> Retirement benefits are at risk for 33 and higher.<br><input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable): Student is younger than 17 at time of contracting.   | <input type="checkbox"/> Waiver Granted (Eligible): | Date <input style="width: 100px;" type="text"/> |

# CADET APPLICATION AND ENROLLMENT RECORD

Last Name

SSN

## PART VII - SCHOLARSHIP ELIGIBILITY CHECKLIST

**ALL SCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:**

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. Scholarship students must also meet scholarship eligibility requirements. **NOTE:** Green to Gold scholarship applicants must meet additional criteria in order to apply. Refer to the current Green to Gold application for details.

|                       |  |  |
|-----------------------|--|--|
| 66. PREVIOUS CRITERIA | <input type="checkbox"/> Eligible: (a) Four-year and three-year scholarship winners must meet criteria 55-61 on the Advanced Course Eligibility Checklist (Part VI). (b) Two-year scholarship winners must meet criteria 55-62 on the Advanced Course Eligibility Checklist (Part VI). ( <b>NOTE:</b> Alternate Entry Option students are ineligible for scholarship).<br><input type="checkbox"/> Ineligible: Ineligible for contracting unless student is fully qualified.   |  |
| 67. MEDICAL           | <input type="checkbox"/> Eligible: Student is fully medically qualified by DoDMERB.<br><input type="checkbox"/> Waiver Required: Student is medically disqualified by DoDMERB.   | <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> |
| 68. MAJOR             | <input type="checkbox"/> Eligible: Student is majoring in one of the majors listed in CC Reg 145-1.<br><input type="checkbox"/> Waiver Required: Student is not majoring in one of the majors listed in CC Reg 145-1.  | <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> |
| 69. AGE               | <input type="checkbox"/> Eligible: Student must be 17 years of age within the first semester following award of the scholarship (cannot contract until reaches age 17) and be under 31 years of age on 31 December of the calendar year of commissioning.<br><input type="checkbox"/> Ineligible (Statutory-Nonwaiverable): Student exceeds the statutory maximum age requirement IAW CC Reg 145-1.  |  |
| 70. ACADEMIC STATUS   | <input type="checkbox"/> Eligible: Student must meet ALL THREE of the following criteria: (a) Academically aligned. (b) Cumulative college GPA of 2.5 on a 4.0 scale, OR student has no college GPA yet, but has a cumulative high school GPA of 2.5 on a 4.0 scale. (c) Full time student (in accordance with university policy - usually 12 or more credit hours).<br><div style="text-align: center;"> <b>HS GPA</b> <input style="width: 30px;" type="text"/>      <b>OR</b>      <b>College GPA</b> <input style="width: 30px;" type="text"/> </div> <input type="checkbox"/> Waiver Required: (a) Student has a cumulative college GPA of less than 2.5 on a 4.0 scale. Rounding is not permitted. (b) Student has no cumulative college GPA yet, but has a cumulative high school GPA of less than 2.5 on a 4.0 scale. (c) Graduate student who is enrolled less than full time.  | <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> |
| 71. ACT/SAT           | <input type="checkbox"/> Eligible: (a) Two-year scholarship recipient: no requirement (except two-year MJC). (b) Two-year MJC, three-year or four-year scholarship recipient with composite ACT score of 19 or greater OR composite SAT score of 920 or greater.<br><div style="text-align: center;"> <b>SCORE: SAT Verbal</b> <input style="width: 30px;" type="text"/>      <b>SAT Math</b> <input style="width: 30px;" type="text"/>      <b>ACT Composite</b> <input style="width: 30px;" type="text"/> </div> <input type="checkbox"/> Waiver Required: Two-year MJC, three-year or four-year scholarship recipient with composite ACT score of less than 19 OR composite SAT score of less than 920.<br><div style="text-align: center;"> <b>SCORE: SAT Verbal</b> <input style="width: 30px;" type="text"/>      <b>SAT Math</b> <input style="width: 30px;" type="text"/>      <b>ACT Composite</b> <input style="width: 30px;" type="text"/> </div> | <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> |
| 72. ACADEMIC CREDITS  | <input type="checkbox"/> Eligible: At the time the scholarship begins, (a) Two-year scholarship recipients must have at least 4 semester/6 quarters remaining. (b) 2 1/2-year scholarship recipients must have at least 5 semester/7-8 quarters remaining. (c) Three-year scholarship recipients must have 6 semesters/9 quarters remaining, or (d) 3 1/2-year scholarship recipients must have 7 semesters/10-11 quarters remaining.<br><input type="checkbox"/> Waiver Required: If the student does not meet the criteria above.  | <input type="checkbox"/> Waiver Granted (Eligible):      Date <input style="width: 100px;" type="text"/> |
| 73. PHYSICAL FITNESS  | <input type="checkbox"/> Eligible: Score of 180 with 60 points in each event on a single APFT. <b>NOTE:</b> All scholarship applicants must be given a physical assessment (APFT or PFT) during the face-to-face interview for assessment of physical ability. The APFT must be passed NLT 15 Dec (or NLT 1 May for mid-term entries) at the 60/60/60 - 180 standard prior to contracting.<br><input type="checkbox"/> Ineligible (Nonwaiverable): Failure to meet eligibility criteria.   |  |

## PART VIII - ENROLLMENT OFFICER CERTIFICATION

Certify by signature as many as applicable:

|                          |   |   |   |   |
|--------------------------|---|---|---|---|
| <input type="checkbox"/> | BASIC COURSE: Student is eligible (fully or by waiver) for entry into the Basic Course.       | Name/Rank: <input style="width: 150px;" type="text"/> | Signature: <input style="width: 150px;" type="text"/> | Date: <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | NONSCHOLARSHIP: Student is eligible (fully or by waiver) to contract as a nonscholarship.     | Name/Rank: <input style="width: 150px;" type="text"/> | Signature: <input style="width: 150px;" type="text"/> | Date: <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | SCHOLARSHIP: Student is eligible (fully or by waiver) to contract as a scholarship recipient. | Name/Rank: <input style="width: 150px;" type="text"/> | Signature: <input style="width: 150px;" type="text"/> | Date: <input style="width: 50px;" type="text"/> |

# CADET APPLICATION AND ENROLLMENT RECORD

## Instructions and Notes (CC Pam 145-4)

The purpose of the Cadet Enrollment Record (CC Form 139-R) is threefold:

1. To record necessary information for entering a Cadet into the CCIMS database.
2. To create a legal record of Cadet enrollment.
3. To guide the Enrollment Eligibility Officer through the process of determining eligibility for enrollment and contracting.

**A student is not enrolled in Army ROTC until he/she has completed, signed, and initialed this form and the Enrollment Eligibility Officer certifies by signature that the student is eligible for entry into the Basic Course. A Cadet will not be contracted until he/she has completed, signed, and initialed this form and the Enrollment Eligibility Officer certifies by signature that the Cadet is eligible for contracting.**

**Contracting any student is subject to the approval of the PMS, even when all other eligibility criteria are met.**

**Cadre will verify that the information on this form is current and accurate during each required periodic counseling with the Cadet.**

Reproduction of this form on cardstock for durability is recommended. You may fill in permanent information in ink and changeable items in pencil.

If a waiver is required, refer to the current "Approval Authority/Flow of Cadet Actions" matrix and CC Pam 145-4, or other published guidance for current processing of waivers.

This form will be retained in the Cadet's MPRJ as a permanent document and retained with the Cadet Record Brief for five years following the Cadet's appointment or disenrollment.

### Notes and references:

**Part I-III** Height and weight is approximate. Fully discuss with the student any physical conditions they identify in Part I.

**Part IV** Signing the Loyalty Oath is optional for noncontracted students enrolling in the Basic Course. Aliens do not sign the Loyalty Oath.

**Part V** Basic Course Enrollment Eligibility (Noncontracted Cadets): See notes/instructions for Part V.

- (1) Academic Status: AR 145-1, Ch 3; CC Pam 145-4.
- (2) Conscientious Objection: AR 145-1, Ch 3; CC Reg 145-1.
- (3) Character: AR 145-1, Ch 3; CC Pam 145-4.
- (4) Tattoos: AR 670-1, dtd 1 Jul 02, para 1-8e, TRADOC MSG dtd 011525Z, Subj: TRADOC/USAREC IET RECRUIT/CADET TATTOO/BRAND POLICY
- (5) Citizenship: Must be verified. The following documents may be used in verifying U.S. Citizenship: (a) Birth Certificate, (b) Certificate of Naturalization, (c) Certificate of Naturalization of parents, (d) INS Form N-560 (Certificate of Citizenship), (e) Department of State Form 1350 (Certificate of Birth Abroad of a Citizen of the U.S.A.), (f) FS Form 240 (Report of Birth, Child Born Abroad of American Parent or Parents), (g) FS Form 545 (Certification of Birth Abroad of a Citizen of the U.S.A.), (h) Unexpired fully valid US Passport issued in the name of the applicant. AR 145-1, Ch 3; CC Reg 145-1 (for scholarship; CC Pam 145-4 (for processing aliens for enrollment refer to AR 145-1, Ch 3, and CC Pam 145-4). Dual citizenship-foreign citizenship must be renounced prior to receipt of a clearance, which is a prerequisite for commissioning.
- (6) Medical: AR 145-1, Ch 3; CC Pam 145-4; AR 40-29; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4.

**Part VI** Nonscholarship Contracting Eligibility: See notes/instructions for Part VI.

- (1) Basic Course Eligibility Requirements: Cadet must meet basic course eligibility requirements - (1) - (6).
- (2) Civil Conviction: AR 145-1, Ch3; CC Reg 145-1; CC Pam 145-4; and AR 601-210, Ch 4.
- (3) Dependency: AR 145-1, Ch 3; CC Pam 145-4. In questions of custody, only court orders are acceptable. Powers of Attorney have no binding legal effect in such cases. Cadre will not counsel or advise sole parent applicants to turn over legal custody; they may only advise on eligibility standards IAW Army policy.
- (4) Substance Abuse: AR 145-1, Ch 3; CC Pam 145-4.
- (5) Loyalty Oath: Statutory: DoD Dir 1215.8; AR 145-1, Ch 3; CC Pam 145-4. Aliens specifically exempted by law.
- (6) Prior Service: AR 145-1, Ch 3; CC Reg 145-1; CC Pam 145-4; AR 601-210, Table 3-6 contains RE codes and their eligibility status.
- (7) Citizenship: Must be verified. The following documents may be used in verifying U.S. Citizenship: (a) Birth Certificate, (b) Certificate of Naturalization, (c) Certificate of Naturalization of parents, (d) INS Form N-560 (Certificate of Citizenship), (e) Department of State Form 1350 (Certificate of Birth Abroad of a Citizen of the U.S.A.), (f) FS Form 240 (Report of Birth, Child Born Abroad of American Parent or Parents), (g) FS Form 545 (Certification of Birth Abroad of a Citizen of the U.S.A.), (h) Unexpired fully valid US Passport issued in the name of the applicant. AR 145-1, Ch 3; CC Reg 145-1 (for scholarship; CC Pam 145-4 (for processing aliens for enrollment refer to AR 145-1, Ch 3, and CC Pam 145-4).
- (8) Placement Credit: AR 145-1, Ch 3; CC Reg 145-1.
- (9) Academic Alignment: CC Pam 145-4.
- (10) Physical Fitness: AR 145-1, Ch 3; CC Reg 145-1; Cc Pam 145-4; Cadet scholarship and non-scholarship contracts.
- (11) Medical: AR 145-1, Ch 3; Cc Pam 145-4; AR 40-29; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4. Female students who are pregnant are ineligible to contract, but regain eligibility at the end of the pregnancy. Pregnancy after enrollment is not a disqualifier.
- (12) Age: Statutory: AR 145-1, Ch 3; CC Reg 145-1; CC Pam 145-4.

**Part VII** Scholarship Contracting Eligibility: See notes/instructions for Parts VI and VII.

- (1) Basic Contracting Eligibility Requirements: Cadet must meet basic contracting eligibility requirements in Part VI.
- (2) Medical: AR 145-1, Ch 3; Cc Pam 145-4; AR 40-29; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4. Female students who are pregnant are ineligible to contract, but regain eligibility at the end of the pregnancy. Pregnancy after enrollment is not a disqualifier.
- (3) Major: CC Reg 145-1, Appendix F.
- (4) Age: Statutory: AR 145-1, Ch 3; CC Reg 145-1.
- (5) GPA: CC Reg 145-1.
- (6) SAT/ACT: CC Reg 145-1.
- (7) Academic Credits: CC Reg 145-1.
- (8) Physical Fitness: AR 145-1, Ch 3; CC Reg 145-1; CC Pam 145-4; Cadet scholarship and non-scholarship contracts.

STATEMENT REQUIRED BY PRIVACY ACT OF 1974, AS AMENDED

1. **AUTHORITY:** Title 10. U.S. Code 2102, as amended.
2. **PRINCIPAL PURPOSE(S):** A statement/agreement/contract releasing the U.S. Government it's employees, agents and training partners from all liability for injury or death to persons, or damages to property, of any person who voluntarily elects to participate in any risky Army Training programs as defined herein.
3. **ROUTINE USES:** Normal Personnel Action. Disclosure of any information herein may be provided to any and all proper authorities for any lawful purpose, to include law-enforcement, litigation (legal actions as a result of injury or death, or property damage), and investigations of any incidents or accidents that might result from the participation of any individual in risky Army Training.
4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF FAILING TO PROVIDE THE REQUESTED INFORMATION:** Disclosure is voluntary. However, failure to complete this form and execute this contract will disqualify and prevent individual participation in any risky Army Training activities.

**ARMY SENIOR ROTC/JUNIOR ROTC  
CONTRACT OF INDEMNIFICATION AND RELEASE/WAIVER OF LIABILITY**

(Not To Be Used For/By Senior ROTC Enrolled but not contracted Cadets or Senior ROTC Contracted Cadets)

I, \_\_\_\_\_, (“Participant/Releasor”), acknowledge and agree that I have voluntarily applied to participate in ROTC/JROTC military-style training activities (“Army Training”), which may include any of the following risky events: rock climbing, rappelling, sports or athletic events (which may involve rigorous exercise), rope climbing (includes any event involving a rope that is not specifically described), and similar such activities:

**II. I AM AWARE, ACKNOWLEDGE, AFFIRM AND AGREE THAT:**

- i. **MY PARTICIPATION IN ANY RISKY ARMY TRAINING IS COMPLETELY AND STRICTLY VOLUNTARY;**
- ii. **THE ARMY TRAINING ACTIVITIES IN WHICH I VOLUNTARILY CHOOSE TO PARTICIPATE AFTER SIGNING THIS WAIVER ARE RISKY AND INHERENTLY DANGEROUS;**
- iii. **THE INHERENT HAZARDS OF SUCH ACTIVITIES COULD CAUSE BOTH MINOR AND SERIOUS INJURIES OR EVEN DEATH;**
- iv. **I VOLUNTARILY CHOOSE TO PARTICIPATE IN RISKY ARMY TRAINING ACTIVITIES WITH FULL KNOWLEDGE (AND ACCEPTANCE OF) ALL THE INHERENT AND/OR OBVIOUS AND/OR UNKNOWN RISKS AND/OR DANGERS INVOLVED;**
- v. **I ASSUME ANY AND ALL RISKS OF AND RESPONSIBILITY FOR ANY BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN, UNKNOWN, FORESEEABLE OR UNFORSEEABLE;**
- vi. **I AM IN GOOD HEALTH AND THAT I HAVE NO MEDICAL OR PHYSICAL CONDITIONS THAT CAN, WILL OR MIGHT PREVENT MY SUCCESSFUL PARTICIPATION IN ANY TRAINING ACTIVITIES;**
- vii. **I AM PRESENTLY COVERED BY ADEQUATE HEALTH AND/OR LIFE INSURANCE POLICIES THAT WILL INSURE AND COVER ANY INJURIES OR DEATH, AND RELATED COSTS/EXPENSES THAT I MIGHT SUFFER WHILE PARTICIPATING IN ANY ARMY TRAINING ACTIVITIES;**
- viii. **WHEN IN DOUBT, CONFUSED OR UNCERTAIN ABOUT ANY ARMY TRAINING OR MY RESPONSIBILITIES AS A PARTICIPANT IN ANY ARMY TRAINING, I WILL ASK AS MANY QUESTIONS AS NECESSARY TO ENSURE THAT I UNDERSTAND THE ARMY TRAINING, WHAT IS EXPECTED OF ME AS A PARTICIPANT IN THAT ARMY TRAINING AND WHAT I AM DOING IN THAT ARMY TRAINING;**
- ix. **IF I DO NOT ASK ANY QUESTIONS, THAT IT IS AND WILL BE PRESUMED THAT I AM AWARE OF WHAT IS EXPECTED FROM ME AS A PARTICIPANT AND THAT I AM READY, WILLING, ABLE AND QUALIFIED, MENTALLY, EMOTIONALLY, AND PHYSICALLY, TO PARTICIPATE IN THAT ARMY TRAINING;**
- x. **I WILL COOPERATE WITH ANY AND ALL ARMY TRAINING BY FOLLOWING ALL INSTRUCTIONS/DIRECTIONS AND WILL REPORT ANY UNSAFE ACTS;**
- xi. **FAILING TO COOPERATE BY IGNORING OR FAILING TO FOLLOW INSTRUCTIONS/DIRECTIONS AND/OR REPORT ANY UNSAFE ACTS COULD RESULT IN BOTH MINOR AND/OR SERIOUS INJURIES, AS WELL AS DEATH; AND**
- xii. **IF I FAIL TO COOPERATE IN ANY ARMY TRAINING BY REFUSING TO OR NOT FOLLOWING ALL THE DIRECTIONS/INSTRUCTIONS OF THE RELEASEES, OR FAIL TO REPORT UNSAFE ACTS, I MAY BE EJECTED FROM THE TRAINING SITE/FACILITY AND DENIED THE OPPORTUNITY TO PARTICIPATE IN FURTHER/FUTURE ARMY TRAINING.**

**III. Release Of All Claims and Rights:**

- a. In consideration of and for being permitted to participate in any risky Army Training by the U.S. Army and/or any agency or employee

ARMY SENIOR ROTC/JUNIOR ROTC

CONTRACT OF INDEMNIFICATION AND RELEASE/WAIVER OF LIABILITY

(Not To Be Used For/By Senior ROTC Enrolled but not contracted Cadets or Senior ROTC Contracted Cadets)

of the U.S. Government ("U.S.G."), and/or any owner of any premises ("Lessor") on which any Army Training occurs, and/or the owner of any equipment or facilities ("Affiliated Individuals or Organizations") used as part of any Army Training: I, the Participant/Releasor, or the Parent/Guardian thereof, on both my behalf and that of the Participant/Releasor, do hereby forever release the U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") from any and all actions, suits, claims, or demands that I, or my child/ward or my/their assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to:

- i. my participation in any Army Training activities; and/or
ii. the negligence and/or other acts by any Releasee, whether directly or indirectly connected to any Army Training activities, however caused; and/or
iii. the condition of the premises/location where any Army Training in which I participated occurred, and/or the condition of the equipment used, regardless of whether I am or was participating in the activities at the time the injury/death occurred, and/or at any other time, such as when the injury/death manifests itself at a later date/time/place.

b. I further affirm and agree that I, on my behalf (or that of my child/ward) and on behalf of my/their assignees, heirs, legatees, distributees, guardians, next of kin, spouse and/or legal representatives, do hereby forever waive any and all rights I or my child/ward might have to make a claim against, sue, or attach the property, personal or public, of any Releasee in connection with any of the matters covered by this release.

IV. Indemnification Clause: I agree that I will fully indemnify the U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") in the event of any loss whatsoever that they might or do incur, collectively or individually, as a result of any and all claims that might or will be brought against them by me, my child/ward and/or my/their assignees, heirs, legatees, distributees, guardians, next of kin, spouse and/or legal representatives.

V. Complete Document Clause: I agree that this is the complete and full sum and substance of my agreement/contract with U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") and that no other evidence of any type, nature, or form from outside this instrument can or will be used to resolve any disputes arising under this instrument. All such disputes will be resolved by an interpretation that effectuates the parties' agreement, to-wit: I was allowed to participate in any Army Training in exchange for my releasing all rights and claims I might have for injuries arising out of or from my participation in any Army Training.

VI. Choice of Law and Forum Selection Clause: I agree that any and all claims and/or litigation arising from or out of my participation in any risky Army Training will be governed by the laws of the State of Kentucky, and will only be brought in the appropriate forum within the Western District of Kentucky, the location of the HQ, U.S. Army Cadet Command.

I AFFIRM AND AGREE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT ALLOWING MY OR MY CHILD/WARDS PARTICIPATION IN RISKY ARMY TRAINING, AS WELL AS A CONTRACT OF INDEMNIFICATION BETWEEN MYSELF (AND ON BEHALF OF MY CHILD/WARD) AND THE COLLECTIVE RELEASEES AND I SIGN IT KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL (AND/OR ON BEHALF OF BOTH MYSELF AND MY MINOR CHILD/WARD), AND/OR I (OR MY MINOR CHILD/WARD) ASSUME ANY AN ALL RISKS OF AND LIABILITY FOR ANY INJURY OR DEATH ASSOCIATED WITH OR ARISING FROM MY/THEIR PARTICIPATION IN ANY ARMY TRAINING ACTIVITIES AS A CONSEQUENCE OF SIGNING THIS FORM.

If Signed by Parent or Guardian: I verify, affirm and acknowledge that the risks and dangers of the Army Training and the significance of this Indemnification, Release and Waiver were explained to both myself and/or the Participant/Releasor, to my/our satisfaction, and that both I and the Participant/Releasor understand and consent to assuming those risks, and that the I and/or the Participant/Releasor is in generally good health and physically, mentally, and emotionally capable of successful cooperating in and completing any Army Training.

Executed at UC DAVIS, California- CA on Day/Month/Year
City State

PARTICIPANT/RELEASOR AGREEMENT

Printed Name Age
Signature
Address:

PARENT/GUARDIAN AGREEMENT

(Required if Participant/Releasor is a minor)

Printed Name
Signature
Address:

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, PARTICIPANT'S PARENT OR GUARDIAN MUST SIGN THIS FORM WHERE INDICATED.

AUTHORIZED AGENT OF THE RELEASEES:

Printed Name: Position/Duty Title: Signature: Date:
(MUST BE AN ACTIVE DUTY ROTC CADRE MEMBER)

SPECIAL INSTRUCTIONS:

THIS IS A LEGAL DOCUMENT. THE ORIGINAL, SIGNED CONTRACT INSTRUMENT MUST BE PRINTED ON BOTH SIDES OF A SINGLE SHEET TO PREVENT LOST OR SEPARATED PAGES. COPIES OF THE ORIGINAL MAY BE MADE ON TWO SINGLE-SIDED SHEETS.



## FORGED GOLD SOCIAL MEDIA WAIVER

I, \_\_\_\_\_ (*First Name, Last Name*), hereby agree to give my consent in order to participate in the creation of marketing materials that may be used in the presentation of media including print, broadcast, multimedia, online, social media, and/or any other form of publication by the Forged Gold Army ROTC Program to include the Official Website, Facebook, Twitter, YouTube, and/or Instagram.

I further consent and agree that the ROTC program may use such media for educational, informational, and/or promotional purposes. It is understood that the use of these materials will be restricted to nonprofit educational, informational, and/ or promotional uses.

The ROTC program may grant the right of the use of said materials to other parties for such aforementioned purposes, subject to aforementioned restrictions. I hereby expressly agree to waive my right to any and all claims for compensation and/or damages in any form that may be based on or the result of such said participation subject to the conditions of use outlined above.

\_\_\_\_\_

I, \_\_\_\_\_ (*First Name, Last Name*), do **NOT** agree to give my consent in order to participate in the creation of marketing materials that may be used in the presentation of media including print, broadcast, multimedia, online, social media, and/or any other form of publication by the Forged Gold Army ROTC Program to include the Official Website, Facebook, Twitter, YouTube, and/or Instagram.

\_\_\_\_\_

Signature of Cadet \_\_\_\_\_

Date \_\_\_\_\_

Signature of Cadre \_\_\_\_\_

Date \_\_\_\_\_

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>POLICE RECORD CHECK</b>   |  |  | <b>1. DATE OF REQUEST</b><br>(YYYYMMDD)   |   | OMB No. 0704-0007<br>OMB approval expires<br>Dec 31, 2017 |
| The public reporting burden for this collection of information is estimated to average 27 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 the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0007). 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 currently valid OMB control number. |  |  |   |   |   |
| <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</b>   |  |  |   |   |   |
| <b>SECTION I - (To be completed by Recruiting Service)</b>   |  |  |   |   |   |
| <b>2. NAME OF APPLICANT</b> (Last, First, Middle Name(s), Alias)   |  | <b>3. SEX</b>  | <b>4. PLACE OF BIRTH</b> (If born outside of US, put Country instead of County) |   |   |
|  |  |  | a. CITY   | b. COUNTY                               | c. STATE  |
| <b>5. DATE OF BIRTH</b><br>(YYYY-MM-DD)  | <b>6.a. ETHNIC CATEGORY</b>                            | <b>6.b. RACIAL CATEGORY</b> (X one or more)                |   | <b>7. SOCIAL SECURITY NUMBER</b>        |   |
|  | <input type="checkbox"/> (1) HISPANIC OR LATINO        | <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE | <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER          |   |   |
|  | <input type="checkbox"/> (2) NOT HISPANIC OR LATINO    | <input type="checkbox"/> (2) ASIAN                         | <input type="checkbox"/> (5) WHITE  |   |   |
|  | <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN |  |   |   |   |
| <b>8. ADDRESS IN ADDRESSEE'S JURISDICTION</b> (See "MAIL TO" block)  |  |  |   | <b>9. DATES RESIDED AT THIS ADDRESS</b> |   |
| a. NUMBER AND STREET (Include apartment no.)   | b. CITY  | c. STATE   | d. ZIP CODE   | a. FROM<br>(MM/YYYY)                    | b. TO<br>(MM/YYYY)  |
|  |  |  |   |   |   |
| <b>10. PERSON MAKING THIS REQUEST</b>  |  |  |   |   |   |
| a. NAME (Last, First, Middle Name(s))  | b. RANK  | c. SIGNATURE   |   | d. TITLE                                |   |
|  |  |  |   |   |   |
| <b>SECTION II - (To be completed by Applicant)</b>   |  |  |   |   |   |
| <b>PRIVACY ACT STATEMENT</b>   |  |  |   |   |   |
| <b>AUTHORITY:</b> 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; AR 601-270; OPNAVINST 1100.4C Ch-1; AFI 36-2003_IP; MCO 1100.75E; COMDTINST M 1100.2E; AR 601-210; and E.O. 9397, as amended (SSN).  |  |  |   |   |   |
| <b>PRINCIPAL PURPOSE(S):</b> The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.   |  |  |   |   |   |
| <b>ROUTINE USE(S):</b> DoD "Blanket Routine Use" 2, Disclosure When Requesting Information Routine Use, specifically applies: A record from a system of records maintained by a DoD Component may be disclosed as a routine use to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. The DoD Blanket Routine Uses at <a href="https://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx">https://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx</a> apply.                                  |  |  |   |   |   |
| <b>DISCLOSURE:</b> Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.   |  |  |   |   |   |
| The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.  |  |  |   |   |   |
| <b>11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.</b>  |  |  |   | <b>SIGNATURE</b>                        |   |
|  |  |  |   |   |   |
| <b>SECTION III - (To be completed by Police or Juvenile Agency)</b>  |  |  |   |   |   |
| The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.  |  |  |   |   |   |
| <b>12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If YES, what was the offense or charge, date, disposition and sentence?)   |  |  |   |   |   |
| <b>13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND?</b> (If YES, give details.) <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |   |   |   |
| <b>THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.</b>  |  |  |   |   |   |
| <b>14. DATE</b> (YYYYMMDD)   |  | <b>15. TITLE</b>   |   | <b>16. VERIFIED BY</b> (Signature)      |   |
|  |  |  |   |   |   |
| <b>LAW ENFORCEMENT AGENCY MAIL TO:</b>   |  |  | <b>RECRUITING AGENCY MAIL FROM:</b>   |   |   |
| ┌  |  |  | ┌   |   |   |
| └  |  |  | └   |   |   |

**BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS**  
(ROTC Cadet Cmd PAM 145-4)

I have been briefed this date on government-sponsored benefits for ROTC cadets and understand that--

1. Enrolled ROTC cadets and applicants for enrollment who suffer illness/injury as a result of authorized (scheduled and supervised) training, or authorized travel to and from such training, are eligible for compensation through the Department of labor/Department of Veteran Affairs.
2. ROTC cadets may not receive medical coverage and disability benefits from the Department of Labor or the Department of Veteran Affairs for injuries sustained when traveling off-post for personal recreation/activities. It is the responsibility of the individual cadet to obtain adequate or additional insurance to cover themselves for off-post, non-ROTC related activities.
3. ROTC cadets must report any injury/illness sustained while participating in authorized training or authorized travel to and from such training to the battalion commander/PMS or other authorized cadre. Cadets are responsible for submission of claims to the proper department as listed in paragraph 1 above, with the assistance of battalion cadre.
4. Army medical treatment facilities (subject to the availability of space, facilities, and capabilities of the professional staff) are authorized to provide care for injury incurred or disease contracted while attending field training.
5. Injured students who are eligible to receive medical treatment are authorized medical care from the following sources:
  - a. U.S. Public Health Service hospitals or physicians where available.
  - b. Army, Navy, Air Force, or VA medical treatment facilities, subject to the availability of space, facilities, and the capabilities of the professional staff.
6. I acknowledge and agree that I have voluntarily applied to participate in ROTC military-style training activities (“Army Training”), which may include the following events: rock climbing, rappelling, sports/athletic events (which may involve rigorous exercise), rope climbing (includes any event involving a rope that is not specifically described), and similar such activities.

\_\_\_\_\_  
Parent/Guardian Signature & Date  
(Required if Participant/Releasor is a minor)

\_\_\_\_\_  
Cadet Signature & Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Cadet



**AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS**

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**Authority** 20 USC 1232g, and Public Law 93-380  
**Principal Purpose** To authorize/decline the release of any and all official records maintained by the ROTC Department to personnel in the Department of Defense and/or parents.  
**Routine Uses** To provide authorization/declination to release information contained in official records.  
**Disclosure** Disclosure is voluntary.

**PART I - AUTHORIZATION FOR ACCESS TO STUDENT RECORDS**

Having been advised of the provisions of Public Law 93-380 (20 USC 1232g, Family Educational Rights and Privacy Act of 1974) and in connection with my participation in the Army ROTC program, I

\_\_\_\_\_ hereby authorize the release of any and

*(Cadet's Name)*

all official records maintained by the

\_\_\_\_\_ *(Name of School)*

or it's ROTC Department to personnel in the Department of Defense and/or my parents,

\_\_\_\_\_ *(Name of Parents)*

I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. This consent remains effective until my relationship with the ROTC program is terminated.

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Date

**PART II - DECLINATION OF PARENTAL ACCESS TO STUDENT RECORDS**

Although informing my parents of the academic/ROTC progress made by me may assist in my quest to become a commissioned officer, I decline to allow release of official records maintained by

\_\_\_\_\_ ROTC Department to my

*(Name of School)*

parents. *(Exception: Parents who still claim student as a dependent for IRS purposes)* If I change my mind in the future, I will inform the ROTC Department in writing.

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Date

## 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 (OEH); 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://dpclld.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)

## STATE OF LEGAL RESIDENCE CERTIFICATE

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Tax Reform Act of 1976, Public Law 94-455.

**PURPOSE:** Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

**ROUTINE USES:** Information herein will be furnished State authorities and to Members of Congress.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

|  |  |
|--|--|
| <b>NAME</b> <i>(Last, first, middle initial)</i> | <b>SOCIAL SECURITY NUMBER</b> <i>(SSN)</i> |
|--|--|

**LEGAL RESIDENCE/DOMICILE** *(City or county and State)*

### INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

|                  |  |             |
|------------------|--|-------------|
| <b>SIGNATURE</b> | <b>CURRENT MAILING ADDRESS</b> <i>(Include ZIP Code)</i>                     | <b>DATE</b> |
|                  | <small>Street Address      Suite/Apt #      City      State      Zip</small> |             |

**Please print the next page and take this to your  
medical physician for a general physical.**

**They will need to sign & date this form if you  
have been cleared to participate in physical  
education activities related to Army ROTC.**

**MEDICAL FITNESS STATEMENT  
FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC**

For use of this form, see AR 145-1; the proponent agency is ODSCPER

DATE

I have examined \_\_\_\_\_ and find no medical  
(Last Name - First Name - Middle Initial)  
condition or physical impairment that precludes his participation in the basic course, Army ROTC, a  
program not more physically strenuous than a normal college physical education program.

SIGNATURE OF PHYSICIAN