

NAME: _____ **Email:** _____

Last Name, First Name, Middle Initial

Address: _____

Mission Set: _____ **MS Class:** _____ **SMP?** _____ **LTC/CIET?** _____ **Phone:** _____

type in numbers only

Compression Sophomore? _____ **Major** _____

Semester eligible/scheduled to contract: _____

School of Admittance: _____

(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 document Verifying Citizenship
- _____ Social Securitiy 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)*

- _____ **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	<input type="text"/>	2. SSN	<input type="text"/>	3. COLLEGE ID #	<input type="text"/>	4. EMAIL	<input type="text"/>
	LAST NAME FIRST NAME MIDDLE INITIAL						
5. LOCAL ADDRESS	<input type="text"/>	5a. CITY	<input type="text"/>	5b. STATE	<input type="text"/>	5c. ZIP CODE	<input type="text"/>
6. PHONE NUM	<input type="text"/>						
7. PERMANENT ADDRESS	<input type="text"/>	7a. CITY	<input type="text"/>	7b. STATE	<input type="text"/>	7c. ZIP CODE	<input type="text"/>
8. PH NUM	<input type="text"/>						
9. DOB YYYY-MM-DD	<input type="text"/>	10. POB	<input type="text"/>	11. RELIGIOUS PREF	<input type="text"/>	12. BLOOD TYPE	<input type="text"/>
13. ACT	<input type="text"/>	14. SAT	<input type="text"/>				
15. SEX	<input type="text"/>	16. HEIGHT	<input type="text"/>	17. WEIGHT	<input type="text"/>	18. MARITAL STATUS	<input type="text"/>
19. DEPENDENTS	<input type="text"/>	19a. NUMBER OF DEPENDENTS	<input type="text"/>				
20. RACE/ETHNICITY (Check One)	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<input type="text"/>
21. CITIZENSHIP (Check One)	U.S. Citizen:	<input type="checkbox"/> U.S. Born	<input type="checkbox"/> Naturalized	<input type="checkbox"/> Born Overseas With U.S. Parents	<input type="checkbox"/> Dual Citizenship (See CC PAM 145-4, 2-39)		
	Non U.S. Citizen:	<input type="checkbox"/> Immigrant Alien	<input type="checkbox"/> Nonimmigrant Alien	<input type="checkbox"/> Refugee			

22. Do you have any condition that could interfere with you participating in a normal college physical education course?	<input type="checkbox"/>	22a. If "yes" explain	<input type="text"/>
23. Have you ever received Medical Disability payments from any source?	<input type="checkbox"/>	23a. If "yes" explain	<input type="text"/>
24. NEXT OF KIN	<input type="text"/>	24a. ADDRESS	<input type="text"/>
24b. PHONE NO	<input type="text"/>		

PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL	<input type="text"/>	25a. FICE CODE	<input type="text"/>	26. SCHOOL OF ATTENDANCE	<input type="text"/>	26a. FICE CODE	<input type="text"/>
27. RESIDENCY STATUS	<input type="text"/>	28. ACADEMIC CLASS	<input type="text"/>	29. PROJECTED GRADUATION DATE	<input type="text"/>	30. ACADEMIC MAJOR	<input type="text"/>
31. ACADEMIC MINOR	<input type="text"/>	32. CREDITS TOWARD DEGREE	<input type="text"/>	33. CREDITS REQUIRED FOR DEGREE	<input type="text"/>	34. CGPA (COLLEGE)	<input type="text"/>
35. OTHER COLLEGES ATTENDED	<input type="text"/>	35a. YEAR(S) ATTENDED	<input type="text"/>	36. HIGH SCHOOL ATTENDED	<input type="text"/>		
36a. GRADUATION DATE	<input type="text"/>	37. ROTC SCHOLARSHIP RECIPIENT	<input type="text"/>	37a. If "yes" what type?	<input type="text"/>		
38. OTHER SCHOLARSHIPS	<input type="text"/>	39. JROTC EXPERIENCE	<input type="text"/>				

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

<input type="checkbox"/> NOT APPLICABLE (Go to PART IV)	40. CURRENT SERVICE: Are you currently in the Armed Forces?	<input type="checkbox"/>	40a. If "yes" which Branch?	<input type="text"/>			
40b. SMP UNIT	<input type="text"/>	40c. Is your spouse currently a member of the Armed Forces?	<input type="checkbox"/>				
41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program?	<input type="checkbox"/>	41a. Were you ever disenrolled from the ROTC Program?	<input type="checkbox"/>				
41b. Were you ever enrolled in a Service Academy?	<input type="checkbox"/>	41c. Were you ever discharged from the Armed Forces?	<input type="checkbox"/>	41d. If "yes" what type of discharge?	<input type="text"/>	41e. If "yes" what was the RE Code?	<input type="text"/>
41f. Months of Active Service	<input type="text"/>	41g. Have you ever been discharged for medical reasons?	<input type="checkbox"/>	41 h. If "yes", explain:	<input type="text"/>		

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 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.

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.

Waiver Granted (Eligible): Date

Ineligible (Waiver denied or nonwaiverable) Chemical substance or drug abuse requiring professional care, which is medically disqualifying.

58. LOYALTY OATH Eligible: Cadet signed loyalty oath.

Ineligible: Refuses to sign loyalty oath.

59. PRIOR SERVICE 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).

Waiver Required: (a) Honorably discharged with an RE code other than 1 on DD Form 214. Waiver Granted (Eligible): Date

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.

NOTE: 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 *either* 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).

60. CITIZENSHIP 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)).

Ineligible (Nonwaiverable): Non-U.S. citizen.

61. PLACEMENT CREDIT Eligible: Student is enrolling in the Alternate Entry Program, the Accelerated Cadet Commissioning Training Program, *OR* 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.

Ineligible (Waiver denied/Nonimmigrant Aliens)

62. ACADEMIC STATUS 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.

Waiver Required: Graduate student with less than full time enrollment (waiverable). Waiver Granted (Eligible): Date

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).

63. PHYSICAL FITNESS Eligible: Score 180, with a minimum of 60 points in each event, on a single APFT.

Ineligible (Nonwaiverable): Failure to meet eligibility criteria.

64. MEDICAL Eligible: Student is fully medically qualified by a DoDMERB physical.

Waiver Required: Student is medically disqualified by a DoDMERB or MEPS physical, if applicable. Waiver Granted (Eligible): Date

Ineligible (Waiver denied or nonwaiverable).

65. AGE Eligible: Student is at least 17 years of age at time of contracting and will be less than age 30 at time of commissioning.

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.

NOTE: Retirement benefits are at risk for 33 and higher. Waiver Granted (Eligible): Date

Ineligible (Waiver denied or nonwaiverable): Student is younger than 17 at time of contracting.

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). (NOTE: Alternate Entry Option students are ineligible for scholarship). <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. <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. <input type="checkbox"/> Waiver Required: Student is not majoring in one of the majors listed in CC Reg 145-1. <input type="checkbox"/> Ineligible (Waiver denied).	<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. <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). <div style="text-align: center;"> HS GPA <input style="width: 30px;" type="text"/> OR College GPA <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"/> Ineligible (Waiver denied or nonwaiverable).	<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. <div style="text-align: center;"> SCORE: SAT Verbal <input style="width: 30px;" type="text"/> SAT Math <input style="width: 30px;" type="text"/> ACT Composite <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. <div style="text-align: center;"> SCORE: SAT Verbal <input style="width: 30px;" type="text"/> SAT Math <input style="width: 30px;" type="text"/> ACT Composite <input style="width: 30px;" type="text"/> </div> <input type="checkbox"/> Ineligible (Waiver denied or nonwaiverable): Two-year MJC, three-year or four-year scholarship applicant who has not taken the ACT or SAT.	<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. <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. NOTE: 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. <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 _____, CA _____ on _____, _____
City State Day/Month Year

PARTICIPANT/RELEASOR AGREEMENT

PARENT/GUARDIAN AGREEMENT

(Required if Participant/Releasor is a minor)

Printed Name _____ Age _____
Signature _____
Address: _____

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.

**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
(First Name - Middle Initial - Last Name)
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



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 _____

POLICE RECORD CHECK		1. DATE OF REQUEST (YYYYMMDD)	OMB No. 0704-0007 OMB approval expires Dec 31, 2017	
<p>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.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>				
SECTION I - (To be completed by Recruiting Service)				
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)		3. SEX	4. PLACE OF BIRTH (If born outside of US, put Country instead of County)	
		MALE FEMALE	a. CITY	b. COUNTY c. STATE
5. DATE OF BIRTH (YYYY-MM-DD)	6.a. ETHNIC CATEGORY	b. RACIAL CATEGORY (X one or more)		7. SOCIAL SECURITY NUMBER Numbers Only
	(1) HISPANIC OR LATINO (2) NOT HISPANIC OR LATINO	(1) AMERICAN INDIAN/ALASKA NATIVE (2) ASIAN (3) BLACK OR AFRICAN AMERICAN	(4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (5) WHITE	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)			9. DATES RESIDED AT THIS ADDRESS	
a. NUMBER AND STREET (Include apartment no.)	b. CITY	c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD) b. TO (YYYYMMDD)
10. PERSON MAKING THIS REQUEST				
a. NAME (Last, First, Middle Name(s))	b. RANK	c. SIGNATURE	d. TITLE	
SECTION II - (To be completed by Applicant)				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 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).</p> <p>PRINCIPAL PURPOSE(S): 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.</p> <p>ROUTINE USE(S): 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 https://dpcllo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx apply.</p> <p>DISCLOSURE: 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.</p> <p>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.</p>				
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.		SIGNATURE		
SECTION III - (To be completed by Police or Juvenile Agency)				
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.				
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? (If YES, what was the offense or charge, date, disposition and sentence?) <input type="checkbox"/> YES <input type="checkbox"/> NO				
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
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.				
14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY (Signature)		
LAW ENFORCEMENT AGENCY MAIL TO:		RECRUITING AGENCY MAIL FROM:		
┌		┌		
└		└		

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

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

ROUTINE USES: None.

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

INSTRUCTIONS TO SERVICE MEMBER

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

INSTRUCTIONS TO CIVILIANS

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

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

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. DESIGNATED PERSON(S) (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

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

ITEM 2. Enter social security number (SSN).

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

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

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

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

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

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

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

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

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

ITEM 8. Persons Not to be Notified Due to Ill Health.

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

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

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

ITEM 10. Contracting Agency and Telephone Number (**Contractors only**). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

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

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

The member should make specific designations, as it expedites payment.

INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

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

Item 11b. Relationship. **NOT APPLICABLE to civilians.**

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

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

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

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

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

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

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

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

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

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

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



The SGLI Online Enrollment System (SOES) is the official system of record for Servicemembers' Group Life Insurance for the United States Navy, the United States Army and the United States Air Force. All coverage and beneficiary elections for members of the Navy, the Army and the Air Force should be made in SOES. This form should only be used in special circumstances as defined by the United States Navy, the United States Army and the United States Air Force.

1. About You

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Duty Location	Branch of Service	Current Amount of SGLI
<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="text"/>	<input type="text"/>
If married, spouse's name		Spouse's Date of Birth

2. About Your Coverage *This form replaces all prior designations.*

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary. *You must complete sections 3 & 5.*
- Increase or restore my SGLI coverage to \$ _____. *You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < \$100,000.)*
- Reduce my SGLI coverage to \$ _____. *You must complete sections 3 & 5.*
- Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." *You must complete section 5 only.*
" _____ "

SGLI coverage is available in increments of \$50,000 up to a maximum of \$400,000. Traumatic Injury Protection (TSGLI) coverage is automatic with SGLI coverage.

3. About Your Beneficiaries *Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.*

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (%) – The sum of shares must equal 100%. Each share must be greater than 0%.	Payment Option (Lump sum* or 36 equal monthly payments)
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

Secondary Name and Address

Social Security Number
(If available)

Relationship to you

Share to each (%) – The sum of shares must equal 100%. **Each share must be greater than 0%.** Payment Option (Lump sum* or 36 equal monthly payments)

1.

2.

3.

4.

Have more beneficiaries? Check this box if 1) You have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2) You are attaching additional documentation to complete your beneficiary designation noted above.

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

4. About Your Health Complete this section ONLY if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender Female Male

Have you had, been treated for, or had known indications of:

- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

5. Your Signature *You must complete this section.*

I have read the information on page 3 and instructions on page 4 and understand that:

- This form replaces any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) at the same time, but the combined amount cannot be more than \$400,000. VGLI is lifetime renewable post-separation coverage available to Service Members who separate with SGLI coverage.
- Reducing SGLI coverage can affect the amount of my family coverage (FSGLI) and VGLI coverage (see instructions on page 4).
- By declining or canceling SGLI coverage, I am also declining family coverage (FSGLI) and Traumatic Injury Protection (TSGLI). I am also not eligible for any post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is...	and...	then...
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniformed services	I am married, or get married after completing this form, and have not declined SGLI,	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

- I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits. If declining or reducing SGLI coverage, I have received the appropriate general information concerning life insurance from my Unit Personnel Clerk.

Service Member Signature	Social Security Number	Date Signed (MM, DD, YYYY)

Address

Submit this form to your Unit Personnel Clerk. By completing this section the Unit Personnel Clerk acknowledges that they have counseled the Service Member in regards to the information provided on page 4 of this form.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve <input type="checkbox"/>
Contact telephone/email	Disapprove <input type="checkbox"/>
Date	Date
Address	

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you ...	Then ...
are married and decline coverage upon entry into service	your spouse shall be notified in writing, by the Branch of Service, of this election.
are married and designate any person other than your spouse or child for any amount of insurance	your spouse shall be notified in writing, by the Branch of Service, that he/she or your child is not the named beneficiary, unless: – your spouse has been previously notified, OR – your spouse is not designated as beneficiary for any amount of insurance prior to the new election.
are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage	your spouse shall be notified in writing of your election to decline or reduce coverage.
have any life event such as marriage, divorce, or children after completing this form	you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	the sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S or attach additional documentation to complete your beneficiary designation.
name minors as beneficiaries	<ul style="list-style-type: none"> ■ OSGLI will pay the insurance benefit to the court-appointed guardian of the minor's estate if the beneficiary is a minor at time of claim; or ■ you can establish a trust for the benefit of the minor and name the trustee of the trust as beneficiary. ■ naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	OSGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Do not send Trust documents to OSGLI until the time of claim.)
have no surviving primary beneficiaries	OSGLI will pay the insurance benefit to the secondary beneficiaries, if any.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	OSGLI will pay the insurance benefit in the following order: <ol style="list-style-type: none"> 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to ...	Then ...
receive the insurance proceeds in one lump sum	write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account ^{®*} , by check, or Electronic Funds Transfer (EFT). *Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> ■ write "36" under the Payment Option. ■ your beneficiary cannot change this payment option.
have a choice	write the phrase "lump sum" under Payment Option or leave blank.

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the “For Branch of Service Official Use Only” section to indicate receipt of the form from the member after reviewing the following table:

If the service member ...	The Personnel Clerk shall advise the service member ...	Then the Personnel Clerk should ...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> ■ approve form if the responses to questions 4a through 4g are “No” and forward the form to payroll to change SGLI premium deductions. ■ send form to OSGLI if any answer to questions 4a through 4g are “Yes.” Only inform payroll when approved by OSGLI.
Reduces, declines, or cancels SGLI	<ul style="list-style-type: none"> ■ of the following, and furnish the member general information concerning <ul style="list-style-type: none"> – the purpose and role of life insurance in financial planning. – the difference between term life insurance and whole life insurance. – the availability of commercial life insurance. – the relationship between SGLI and VGLI. ■ declining or canceling SGLI will also cancel Family SGLI—both spouse and dependent child coverage and Traumatic Injury Protection (TSGLI). The member will be ineligible to apply for VGLI. ■ reducing SGLI may also impact FSGLI spouse coverage and will reduce the amount of VGLI available at separation. 	<ul style="list-style-type: none"> ■ forward the form to payroll to change SGLI premium deductions. ■ if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. ■ if the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse shall be notified in writing, by the Branch of Service, of the member’s election based on Title 38, USC 1967 (f).
gets married to another member of the uniformed services on or after January 2, 2013	spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.	if the member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.
is married or gets married after completing this form and is not married to another member of the uniformed services	<ul style="list-style-type: none"> ■ spouse SGLI automatically covers spouse. ■ he or she must register their spouse in DEERS for payroll to deduct premiums. ■ If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A. 	if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
has questions about this form	the advice of a military attorney is available at no expense.	direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S or attach additional documentation to complete your beneficiary designation.	attach the Supplemental Beneficiary Form to the SGLV 8286 or attach additional documentation to complete your beneficiary designation.
designates any person other than his/her spouse or child for any amount of insurance	<ul style="list-style-type: none"> ■ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. ■ if the member is married, the member’s spouse will be notified in writing, by the Branch of Service, that he/she or the member’s child is not the named beneficiary, unless: <ul style="list-style-type: none"> – the spouse has been previously notified, OR – the spouse is not designated as beneficiary for any amount of insurance prior to the new election. 	have the member sign SGLV 8286 to certify that he/she understands that: <ul style="list-style-type: none"> ■ he/she is free to name anyone as beneficiary. ■ if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. ■ if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. After the form is completed, Personnel Clerk should:

- File a copy in the member’s official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member’s unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered “Yes” to one or more of the health questions

OSGLI
PO Box 41618
Philadelphia, PA 19176-1618

If a member is making a Beneficiary change only, the form DOES NOT have to be forwarded to OSGLI.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury 15-51 000		AUSTIN, TEXAS	Check No. 0000 415785						
	<table border="1" style="font-size: small;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td>08</td><td>31</td><td>84</td></tr> </table>	Month	Day	Year	08	31	84	00 (C)	28 28
Month	Day	Year							
08	31	84							
Pay to the order of	<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 20px; margin: 0 auto;">(A)</div>		<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">(F)</div>						
			<table border="1" style="font-size: x-small;"> <tr><td>DOLLARS</td><td>CTS</td></tr> <tr><td>\$****100</td><td>00</td></tr> </table>	DOLLARS	CTS	\$****100	00		
DOLLARS	CTS								
\$****100	00								
NOT NEGOTIABLE									
⑈00000518⑈ 041571926⑈									

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

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 A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

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

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

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

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

3. ROUTINE USES

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

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

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

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

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

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OR SPONSOR

DATE

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.

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

SIGNATURE	CURRENT MAILING ADDRESS <i>(Include ZIP Code)</i>	DATE
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