Future Flying Forty Niner,

Welcome to Air Force Reserve Officer Training Corps (AFROTC) Detachment 592 and congratulations on taking the first step towards joining the world’s premier Air Force.

Being a cadet will be a significant challenge and will provide you with countless opportunities to better yourself both mentally and physically. As a cadet, you will spend 5-7 hours each week in formal training and Aerospace Studies classes. Beyond formal training, there are numerous opportunities to get involved as a cadet, either through service projects and Cadet Wing functions, or through our voluntary clubs including Arnold Air Society, Pershing Rifles, and the Color Guard.

To help you transition to cadet life, our cadre and cadets invite you and your parents to New Cadet Orientation. I recommend arriving around 30 minutes early so that you have adequate time to park, transit and sign-in. Orientation will include formal orientation briefings, a quick tour of the detachment, an introduction to the training environment, and a Q&A session for parents while you complete requisite paperwork.

The following In-Processing Guide that you’ll use to get ready for orientation is quite lengthy, but be sure to devote time and effort into correctly building all of your paperwork to prevent delays in your application to become a cadet.

I commend you on this momentous decision to serve your country. As you will soon find, being an officer in the United States Air Force is one of the most noble and rewarding professions. I look forward to meeting you next semester, and until then, feel free to contact us at dct592@uncc.edu, or by phone at (704) 687-8100, if you have any questions.

And again, welcome to Detachment 592... and Go Niners!

DONALD L. LAND, JR., Lt Col, USAF
Commander, AFROTC Detachment 592
Air Force ROTC Detachment 592
Preparing for Orientation

Getting Ready for the Training Environment…

Athletic Attire
- The following is required before your Physical Training Gear (PTG) is issued:
  - Orientation paperwork completed
  - Pass all components of the AF Fitness Assessment with a total score of 75+
- The following will be worn to Physical Training until your PTG is issued:
  - Plain white crew neck shirt with sleeves (small logos are acceptable)
  - Plain black athletic shorts (no overly revealing shorts; spandex is authorized as an undergarment only)
  - White or black socks (must be visible when wearing sneakers)

Business Casual Attire
- Will be worn to Leadership Lab and ROTC class until your Blues uniform is issued
- Khaki slacks, any brand, in a tan or light brown color
- Short-sleeve, navy polo-style shirt, any brand, can have a conservative logo, e.g. Polo’s horse or Izod alligator
- Black or brown leather shoes (no canvas/sports shoes or open-toe/open-heel shoes)
- Black or navy blue socks
- Black or brown belt (to match shoes), with shirt tucked into trousers
- If you cannot procure the above items, consult with Lt Col Peters

Military Grooming Standards
- Gentlemen:
  - Clean shaven every morning before PT, training and/or Aerospace classes
  - Hair will not touch ears, and will be tapered not to exceed ¼” at start of taper
  - No visible piercings to include tongue
- Ladies
  - All hair pulled up tightly (bun cannot exceed 3” in bulk), loose ponytail is acceptable in fitness attire only
  - Conservative make-up and nail polish colors
  - Only one ear ring per ear: small diamond, pearl, or gold/silver spherical or square shape studs

Physical Fitness
- MUST have sports physical (AFROTC Form 28) submitted at Orientation
- A mock Fitness Assessment (FA) will be conducted within the first week of training
- FA consists of:
  - Abdominal Circumference (Waist) Measurement
  - 1 minute push-ups
  - 1 minute sit-ups
  - 1.5 mile run
- Visit http://www.afpc.af.mil/Air-Force-Fitness-Program/ for score charts
Getting Ready for New Cadet Orientation...

Classes

☐ Register for AERO1101 & AERO1101L (if you plan to enroll in the two or three year program, please email us at det592@uncc.edu to determine if you meet eligibility requirements)

Paperwork

☐ Complete the In-Processing Guide and associated paperwork (see below). Follow the instructions carefully and bring all of your completed paperwork with you to orientation.

Along with the paperwork from the In-Processing Guide, bring each of the following...

Birth Certificate or Naturalization Certificate (Bring both of the below; you will keep the original)

☐ Original (if no original, a certified copy from the Clerk or Recorder of Birth State)
☐ Photocopy of Original

Social Security Card signed by applicant (Bring both of the below; you will keep the original)

☐ Original
☐ Photocopy of Original

Selective Service Number (Males only)

☐ Bring a copy of Original or Print-out from “Check a Registration” at www.SSS.gov
☐ Selective Service Number is: ____________________________

SAT/ACT Scores

☐ Unofficial Copy of all SAT and/or ACT test scores (unofficial or official)

College Transcripts

☐ Transcripts of all completed college work credited towards your undergraduate degree (unofficial copies are acceptable, but must show the hours and quality points for each class)

Certificates or Documentation demonstrating (as applicable):

☐ Junior ROTC
☐ Civil Air Patrol
☐ Eagle Scout

☐ DD Form 214 (prior military enlistment)
☐ DD Form 785 (prior service academy or officer accession training program)

UNCC (or Cross-town School) Student ID number: ____________________________

Emergency Contact Information

Name: ____________________________ Phone Number: ____________________________

Address: ____________________________ City/State/Zip: ____________________________

Permanent Address

Phone Number: ____________________________

Address: ____________________________ City, State, Zip: ____________________________

College Address (where you physically live) if different than above

Phone Number: ____________________________

Address: ____________________________ City/State/Zip: ____________________________
Detachment Polo Pre-Order

The Detachment Polo is optional but will be available for purchase. This is a high-quality, polyester polo that you can wear to non-fundraising cadet operations, sports events, etc. It may also be authorized for Leadership Laboratories as dictated by the Operations Flight Commander.

Fit: Standard fit (e.g. a 5’7” to 5’11” individual between 140-170 pounds can reasonably fit into a Medium).

To Purchase: Complete the pre-order below and bring $25 cash with you to orientation. A member of our fundraising organization APSO will be present to collect your pre-order form and payment.

Note: The Cadet Wing may also produce athletic shirts, hoodies and other gear that will be available for purchase throughout your cadet career. As with the Detachment Polo, just be sure that you do not wear the Air Force or AFROTC logo/brand during any fundraising or political activities.

Name: ____________________________________________

Planned graduation date: ____________________________

Size (circle one): XS S M L XL

Did you bring cash?  Y / N

For administrative use only
PAID?  Y / N
OVERVIEW

This package is designed to assist you in completing the paperwork required to join Air Force ROTC. Any errors in your paperwork will result in delays in your acceptance into our cadet corps. This will be a lengthy process, but be sure to read all instructions, questions, and disclosures fully.

Applying for the program will be a six step process:
1. Register for a WINGS account (WINGS is our web-based portal where the majority of your records will be stored)
2. Complete the WINGS “ROTC Prospect To Do List”
3. Prepare for New Cadet Orientation IAW the above “Preparing for Orientation” checklist
4. Once your Prospect To Do List is approved, you’ll return to WINGS and complete additional paperwork
5. Attend New Cadet Orientation on the date provided on our website
6. Await further instructions for completing remaining WINGS paperwork

This guide will help step you through the paperwork aspect of the process above. If at any point you have a question or concern, you can contact our staff by emailing det592@uncc.edu.

ADOBE ACROBAT REQUIREMENTS

To save the information in this application file you MUST be using the most current version of Adobe Acrobat Reader. Other PDF software will not allow you to save and print typed data correctly.

To update to the newest version:
1. Remove any existing versions of Adobe Acrobat Reader on your system
2. Go to https://get.adobe.com/reader/
3. Uncheck (de-select) the “Optional offers”
4. Download & install the software (restart if necessary)

GENERAL INSTRUCTIONS FOR COMPLETING FORMS

All of the sections contain instructions that should provide sufficient explanations for completing all the required forms correctly. Please read all information carefully to preclude mistakes.

Instructions in green and italics are for after you print out the filled-out forms. Most of these involve where to initial and sign. Note that some forms should NOT be signed until you arrive at the detachment.

Save the completed file so when you need to re-accomplish any of the forms you don't have to start over. Ensure you can access this file even after you arrive at the detachment, in case we need to edit or reprint a form.

Let's get started on your WINGS registration...
WINGS REGISTRATION

WINGS is our online portal where your records will be maintained. Once you register, you'll provide some preliminary information that will help to build several of your required forms and will also build your profile in the system so that we will know you are an applicant for our program.

**Browser Requirements:** WINGS works best with Internet Explorer (IE). If you have any issues completing your registration using Chrome/Firefox/Safari, switch to a current version of IE.

**To register:**
1. Go to either [https://wings.holmcenter.com/](https://wings.holmcenter.com/) or [http://www.afrotc.com/](http://www.afrotc.com/) and click “LOG IN” at the top of the screen
2. Once re-directed to the portal, select “Apply for AFROTC”
3. Read the disclosure and select “YES” if you agree to the terms
4. Enter your university email address, a smart password and a security question (If you do not have a university email, enter your preferred email address)
5. Use the activation code sent to your email address to finalize your registration
6. After your account is created, you will be directed to the WINGS Portal site. Click on the Sign In Tile and use your User ID (email address) and password to access your account.

**Maintaining Your Credentials:** You will utilize WINGS throughout your cadet career, so it is important to maintain your login credentials. There are several ways to store and protect your usernames and passwords, but a simple and free way is to create an encrypted Word or Excel document that contains login information for all of your accounts. To do so, just create your document or spreadsheet then:
   Click File > Info > Protect Workbook/Document > Encrypt with Password (just be sure that your encryption password isn’t one you may forget!)

ROTC Prospect To Do List

**Complete My Profile**
- Be sure to enter your Middle Initial (if you have one)
- Your current residence will be your permanent residence (likely your parents’ address)
- Once your profile has been completed the account profile will be saved in the WINGS database, and will be reviewed by a cadre member within 5 work days.

**Complete Application Checklist**
- You will login to WINGS as explained previously ([https://wings.holmcenter.com/](https://wings.holmcenter.com/))
- Click on the My AFROTC Application tile
- Select “Yes” for your intent to either apply for the AFROTC Program to commission. NOTE: You are not required to complete the entire checklist at once. You may sign out and return to the checklist at a later time.

**Education**
- Follow the instructions/prompts
- If you are entering our program in the spring, amend your enrollment answer to your status for the upcoming Spring semester
- To update your Preferred Colleges/Universities:
1. Select the state of the institution (WINGS will auto-populate associated institutions)
2. Select “View All” if your preferred institution isn’t on the first page
3. Select your institution and submit
4. Add/Remove additional schools as necessary
5. Select SAVE

Acknowledgements
Answer each prompt according to your understanding; if you agree/understand, select YES; if you disagree, select NO. Note that some answers will be YES and some will be NO—there is no “right” answer.

Some prompts may require additional information if you select YES. If an additional dialogue box appears, enter the information exactly as requested.

Citizenship
If you have any questions regarding your citizenship, consult your parents or closest relative.

Review & Submit
- Validate all of your info/answers and re-enter your Date of Birth and SSN
- Answer the final disclosure and submit

We’re done with WINGS for now, let’s move on to paperwork...

APPLICATION PAPERWORK

The following pages provide concise instructions for completing each required form. Each underlined header will specify the applicable form number (e.g. “AFROTC IMT 35”) followed by the name of the form.

Remember that incorrect forms may delay your acceptance, so take your time and follow the instructions. If the instructions do not explicitly tell you to do something, don’t do it. And remember to pay close attention to the INSTRUCTIONS AFTER PRINTING which will tell you what you need to do after completing and printing each form.

AFROTC IMT 35. Certification of Involvements with Civil, Military, or School Authorities/Law Enforcement Officials

PURPOSE: This form is the basic document used for evaluating the moral character of an applicant. Good moral character is a prerequisite for AFROTC membership. Note that after you contract, a check of national agencies will be made and all discrepancies will need to be explained. Therefore, it is important to make certain that the information you supply is complete and as accurate as possible.

GENERAL INSTRUCTIONS: Carefully read Section I. Ensure that you fully understand the content and are aware of your responsibility at this time to report completely and honestly any such incidents/involvements you have had in the past. Also know that while in the AFROTC program you must immediately report to detachment personnel all future involvement/incidents you may encounter, no matter how insignificant you think they may be.
AFROTC DETACHMENT 592 IN-PROCESSING GUIDE

SPECIFIC INSTRUCTIONS:
Section I: Enter your name (Last, First, Middle Initial).

Section II: Type of Involvement: List all involvement with authorities; this includes all law enforcement officials, military authorities, school authorities, and federal law enforcement agencies (no matter how insignificant or the outcome/final disposition). Describe the involvement, i.e., speeding 65 in a 55, ran a red light, careless driving, etc. If you have not had any of the above print NONE on the first line in section II.

(AFROTC IMT 35 continued...)
Date of Involvement: Indicate at least the month and year. Obtain exact date if possible.

Name and Address of Arresting Authority/Court: Indicate the authority, i.e., North Carolina Highway Patrol, Charlotte-Mecklenburg Police Department, UNCC Police Department, etc. This is the name of the issuing agency, NOT the name of the police officer who issued the citation.

Disposition/Finding and Sentence: Enter the amount of fine, loss of points, dismissed, found not guilty, etc. If fined, indicate whether it was paid or not. Include a date of when the issue was completed.

Indicate if you were detained, confined, or placed on probation for any of the involvement. Indicate if the use of drugs or alcohol was cited for any of the involvements.

INSTRUCTIONS AFTER PRINTING:

SIGN and DATE the form in the “SIGNATURE OF CADET” and “DATE” boxes.

Do not mark anything in the “ACTION” block. Only fill out the front side of the form. Do not write in any additional sections.

Carefully read the “Remarks/Counseling” Section, if you acknowledge the remarks section INITIAL in the small area next to “Cadet’s initials of acknowledgement: ______

DD FORM 2005, Privacy Act Statement – Health Care Records
PURPOSE: This form authorizes detachment and health care personnel to use your social security account number (SSAN), and other voluntary information provided by you, in conjunction with maintaining your medical records within your personnel file and for conducting official business.

SPECIFIC INSTRUCTIONS: Read this form in its entirety. Enter your SSN in Block 6.

INSTRUCTIONS AFTER PRINTING: SIGN and DATE.
AFROTC DETACHMENT 592 IN-PROCESSING GUIDE

DDRP MEMO, Drug Demand Reduction Program Memorandum
PURPOSE: To inform you that as a cadet in the SROTC program you may be randomly selected for Urinalysis drug testing at any time.

SPECIFIC INSTRUCTIONS:
Read this form in its entirety.

INSTRUCTIONS AFTER PRINTING:
DO NOT SIGN the form. A cadre member must perform these actions at the AFROTC detachment.

DD FORM 2983, Trainee Prohibited Activities Acknowledgement
PURPOSE: To inform you of Department of Defense policies prohibiting inappropriate relations between recruiters and recruits, and trainers and trainees.

SPECIFIC INSTRUCTIONS:
Block 1: Provide your name
Block 2: Pay Grade is "Cadet"
Block 3: Training Command is "AFROTC/Det 592"
Block 4: Address is "Charlotte, NC 28233"

INSTRUCTIONS AFTER PRINTING:
Block 5: DATE
Block 6: SIGN
Block 7: Read and acknowledge each statement by initialing on the corresponding line.
Block 8: List any exceptions.
Block 9: Read and acknowledge the statement by initialing on the corresponding line.

DD FORM 93, Record of Emergency Data
PURPOSE: This form provides current emergency information on each member. It serves as an official document that is required by law for designating the beneficiaries of unpaid pay and allowances.

SPECIFIC INSTRUCTIONS:
Block 1-2: Provide your name and SSN, if not already typed
Block 4a-b: Provide this information for your spouse, if applicable. If you are not married, leave both blocks blank
Check the appropriate box to indicate whether you are single, divorced, or widowed.
Block 5-7b: Provide the requested information. Be sure to include a full address, including zip code.
Block 8a-b: If you do not want us to notify one of your parents in an emergency, indicate that here. You can also provide an alternate contact if desired.

Block 11a-d: Should you die while on active orders (ex: Field Training), you will be entitled to a death gratuity. Indicate who this should be paid to. Percentages must add up to 100%.
Block 12a-13b: Again, should you die on active orders, who should any unpaid allowances be paid to and who should take possession of your body (13a).

**INSTRUCTIONS AFTER PRINTING:**
DO NOT SIGN! Detachment personnel must witness signature.

**AFROTC FORM 28, Pre-Participatory Sports Physical**
**PURPOSE:** This form is used to establish medical authorization for participation in an AFROTC physical training program.

**SPECIFIC INSTRUCTIONS:** Print your name, if not already typed.

**INSTRUCTIONS AFTER PRINTING:** Take this form to the Health Center on campus or to your family doctor; we **cannot** accept similar forms that your doctor may utilize. This form must be signed and name stamped by a physician. This must be returned BEFORE participation in any AFROTC physical training.

**REQUEST AND CONSENT FOR RELEASE OF STUDENT RECORDS**
**PURPOSE:** This memo allows AFROTC to obtain copies of your transcripts to be used for award packages and commissioning.

**SPECIFIC INSTRUCTIONS:** Read this memo in its entirety. Enter your name in the block at the top after “CADET.”

**INSTRUCTIONS AFTER PRINTING:**
Write today’s DATE in the bottom DATE block, and SIGN on the line labeled “Student’s Signature.” If you are under the age of 18, your parent or legal guardian must sign on the line next to your signature.

**CONSENT FOR RELEASE OF STUDENT RECORDS**
**PURPOSE:** This memo provides the university authorization to release records to AFROTC for the purpose of official AFROTC business.

**SPECIFIC INSTRUCTIONS:** Read this memo in its entirety. Enter your name in the block at the top after “CADET” and complete the Student ID, SSN and DOB fields.

**INSTRUCTIONS AFTER PRINTING:**
Write today’s DATE in the DATE block, and SIGN on the line labeled “Student’s Signature.” If you are under the age of 18, your parent or legal guardian must sign on the line next to your signature.

**FITNESS SCREENING QUESTIONNAIRE**
**PURPOSE:** This memo is to verify that you are in good health upon applying the ROTC program
SPECIFIC INSTRUCTIONS: Carefully read after each answer, as it may either tell you to stop or continue to the next question. Type your name next to PRINT NAME blocks. In the RANK block type in Cadet. You may leave DUTY PHONE and OFFICE SYMBOL blank.

INSTRUCTIONS AFTER PRINTING:
Write today’s DATE in the DATE block. Sign next to the SIGNATURE block.
FOR OFFICIAL USE ONLY (When filled in)

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

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

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

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

CERTIFICATE

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

II. CERTIFICATION I

<table>
<thead>
<tr>
<th>TYPE OF INVOLVEMENT / ORIGINAL CITATION</th>
<th>DATE OF INVOLVEMENT</th>
<th>NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT</th>
<th>DISPOSITION/FINDING AND SENTENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Table continued]

WERE YOU DETAINED, CONFINED, OR PLACED ON PROBATION FOR ANY OF THE ABOVE?

[Table continued]

WAS THE USE OF DRUGS OR ALCOHOL CITED?

[Table continued]

ACTION

[Table continued]

SIGNATURE OF CADET DATE

REMARKS/COUNSELING

You must continue to report all subsequent civil involvements to the detachment within 72 hours after the initial involvement occurs. For involvements that occur during school break periods of more than 72 hours, you may wait to report the involvement NLT 72 hours after your return to classes following the break.

Late reporting of civil involvements, the Detachment Commander MAY award a CE for failure to report within the 72 hour timeframe; however failure to report within 7 days is considered excessively late and SHOULD result in a CE.

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE GRADE DATE

AFROTC FORM 35, 2010071E

PREVIOUS EDITIONS ARE OBSOLETE.
### Certification II

<table>
<thead>
<tr>
<th>Type of Involvement / Original Citation</th>
<th>Date of Involvement</th>
<th>Name and Address of Arresting Authority/Court</th>
<th>Disposition/Finding and Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Were you detained, confined, or placed on probation for any of the above?**
- [ ] Yes
- [ ] No

**Was the use of drugs or alcohol cited?**
- [ ] Yes
- [ ] No

**Action**
- [ ] No action required
- [ ] Waiver granted
- [ ] Waiver denied
- [ ] Corroboration requested
- [ ] Corroboration received

**Signature of Cadet**

**Date**

**Remarks/Counseling**

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

**Signature of Authorized Representative**

**Grade**

**Date**

---

### Certification III

<table>
<thead>
<tr>
<th>Type of Involvement / Original Citation</th>
<th>Date of Involvement</th>
<th>Name and Address of Arresting Authority/Court</th>
<th>Disposition/Finding and Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Were you detained, confined, or placed on probation for any of the above?**
- [ ] Yes
- [ ] No

**Was the use of drugs or alcohol cited?**
- [ ] Yes
- [ ] No

**Action**
- [ ] No action required
- [ ] Waiver granted
- [ ] Waiver denied
- [ ] Corroboration requested
- [ ] Corroboration received

**Signature of Cadet**

**Date**

**Remarks/Counseling**

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

**Signature of Authorized Representative**

**Grade**

**Date**

---

AFROTC Form 35, 20100719 REVERSE
**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.

<table>
<thead>
<tr>
<th>SIGNATURE OF PATIENT OR SPONSOR</th>
<th>SSN OF MEMBER OR SPONSOR</th>
<th>DATE</th>
</tr>
</thead>
</table>

DD FORM 2005, FEB 76

PREVIOUS EDITION IS OBSOLETE.
MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY
FOR CADETS PARTICIPATING IN SENIOR RESERVE OFFICER TRAINING CORPS
(SROTC)

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

__________
Cadet Signature and Date

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

__________
Printed Name and Signature Witness (or Notary) and Date
RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT


PRINCIPAL PURPOSE(S): To document your understanding of the prohibitions identified in section 7 of this form.

ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dolc.defense.gov/Privacy/SORNIndex/BlanketRoutineUses.aspx apply to this collection.

DISCLOSURE: Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

1. RECRUIT/TRAINEE NAME (Last, First, Middle)
2. PAY GRADE
   Cadet
3. RECRUITING OFFICE/TRAINING COMMAND
   AFROTC DET 592/AETC

4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS (City, State, ZIP Code)
   Charlotte, NC, 28223

5. DATE SIGNED (YYYYMMDD)

6. SIGNATURE

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

   (initial)
   a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.

   b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.

   c. Consume alcohol with a recruiter/trainer on a personal social basis.

   d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.

   e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.

   f. Gamble with a recruiter/trainer.

   g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.

   h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher level authority.

   DESCRIPTION OF EXCEPTION(S):

   (initial)

9. VIOLATIONS. Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

10. APPROVED BY

    a. NAME (Last, First, Middle Initial)
    b. TITLE
    c. DATE SIGNED (YYYYMMDD)
    d. SIGNATURE/RANK

DD FORM 2983, JAN 2015

Adobe Designer9.0
# 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, parent(s), 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NAME (Last, First, Middle Initial)</td>
<td>2. SSN</td>
</tr>
</tbody>
</table>

### 3a. SERVICE/CIVILIAN CATEGORY

- [ ] ARMY
- [ ] NAVY
- [ ] MARINE CORPS
- [X] AIR FORCE
- [ ] DoD
- [ ] CIVILIAN
- [ ] CONTRACTOR

### b. REPORTING UNIT CODE/DUTY STATION

AFROTC/DET 592

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

### 4b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

### 5. CHILDREN

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. NAME (Last, First, Middle Initial)</td>
<td>b. RELATIONSHIP</td>
</tr>
</tbody>
</table>

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

### 6b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

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

### 7b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

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

### 8b. NOTIFY INSTEAD

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

### 9b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

### 10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)
<table>
<thead>
<tr>
<th>Section 2 - Benefits Related Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11a. Beneficiary(ies) for Death Gratuity</strong> (Military only)</td>
</tr>
<tr>
<td>b. Relationship</td>
</tr>
<tr>
<td>c. Address (Include ZIP Code) and Telephone Number</td>
</tr>
<tr>
<td>d. Percentage</td>
</tr>
<tr>
<td><strong>12a. Beneficiary(ies) for Unpaid Pay/Allowances</strong> (Military only)</td>
</tr>
<tr>
<td>Name and Relationship</td>
</tr>
<tr>
<td>b. Address (Include ZIP Code) and Telephone Number</td>
</tr>
<tr>
<td>c. Percentage</td>
</tr>
<tr>
<td><strong>13a. Person Authorized to Direct Disposition (PADD)</strong> (Military only)</td>
</tr>
<tr>
<td>Name and Relationship</td>
</tr>
<tr>
<td>b. Address (Include ZIP Code) and Telephone Number</td>
</tr>
<tr>
<td><strong>14. Continuation/Remarks</strong></td>
</tr>
<tr>
<td><strong>15. Signature of Service Member/Civilian</strong> <em>(Include rank, rate, or grade if applicable)</em></td>
</tr>
<tr>
<td><strong>16. Signature of Witness</strong> <em>(Include rank, rate, or grade as appropriate)</em></td>
</tr>
<tr>
<td><strong>17. Date Signed</strong> <em>(YYYYMMDD)</em></td>
</tr>
</tbody>
</table>

DD Form 93 (Back), Jan 2008
All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include “Jr.,” “Sr.,” “III” or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate “unknown” in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, “Continuations/Remarks”, a street address or general guidance to reach the place of residence. In addition, the notation “See Item 14” should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

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

ITEM 2. Enter social security number (SSN).

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


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

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

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or parent/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 656. 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: ABC Firm, (703) 555-5699. The telephone number should be to the company or corporation’s personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuities (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity. A member may designate one or more persons to receive all or a portion of the death gratuity. 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 child by representation;
(3) To the surviving parents or the survivor of them;
(4) To the duly appointed executor or administrator of the estate of the person;
(5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person’s death.

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

ITEM 11b. Relationship. NOT APPLICABLE to civilians.

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

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

ITEM 11e. 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 2271) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. NOT APPLICABLE to civilians.

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

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

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

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

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./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.
### AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. **CADET/APPLICANT NAME**
2. **AFROTC DETACHMENT**
   592

**MEDICAL AUTHORITY:** Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check box 7 and certify as requested below.

**AFROTC CADRE:** If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

<table>
<thead>
<tr>
<th>3. CADET/APPLICANT MEASUREMENTS</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. AIR FORCE WEIGHT STANDARDS</td>
<td>MINIMUM</td>
<td>MAXIMUM</td>
</tr>
<tr>
<td>(found on reverse)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. BODY FAT MEASUREMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. BODY FAT STANDARDS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE - 26%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE - 18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. CHECK APPLICABLE BOX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ IS WITHIN AIR FORCE WEIGHT STANDARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ EXCEEDS AIR FORCE WEIGHT STANDARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ IS BELOW AIR FORCE WEIGHT STANDARDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **MEDICAL AUTHORITY:** PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

9. **HIS/HER MEDICAL HISTORY:** THE FOLLOWING ARE THE RESULTS:

   [print name], HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED

   [Medical Authority Initials]

10. **IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS**

    I CERTIFY THIS CADET/APPLICANT’S LEAN BODY MASS POSES NO HEALTH RISK. NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT.

    [Medical Authority Initials]

11. **IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS**

    I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT.

    [Medical Authority Initials]

12. **FOR ALL CADETS/APPLICANTS**

    I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

---

**EXAMINATION DATE**

**PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE**

**AFROTC CADRE:** REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:

**DATE**

**AFROTC CADRE SIGNATURE**
<table>
<thead>
<tr>
<th>HEIGHT (INCHES)</th>
<th>POUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MINIMUM (BMI = 19 kg/m)</td>
</tr>
<tr>
<td>58</td>
<td>91</td>
</tr>
<tr>
<td>59</td>
<td>94</td>
</tr>
<tr>
<td>60</td>
<td>97</td>
</tr>
<tr>
<td>61</td>
<td>100</td>
</tr>
<tr>
<td>62</td>
<td>104</td>
</tr>
<tr>
<td>63</td>
<td>107</td>
</tr>
<tr>
<td>64</td>
<td>110</td>
</tr>
<tr>
<td>65</td>
<td>114</td>
</tr>
<tr>
<td>66</td>
<td>117</td>
</tr>
<tr>
<td>67</td>
<td>121</td>
</tr>
<tr>
<td>68</td>
<td>125</td>
</tr>
<tr>
<td>69</td>
<td>128</td>
</tr>
<tr>
<td>70</td>
<td>132</td>
</tr>
<tr>
<td>71</td>
<td>136</td>
</tr>
<tr>
<td>72</td>
<td>140</td>
</tr>
<tr>
<td>73</td>
<td>144</td>
</tr>
<tr>
<td>74</td>
<td>148</td>
</tr>
<tr>
<td>75</td>
<td>152</td>
</tr>
<tr>
<td>76</td>
<td>156</td>
</tr>
<tr>
<td>77</td>
<td>160</td>
</tr>
<tr>
<td>78</td>
<td>164</td>
</tr>
<tr>
<td>79</td>
<td>168</td>
</tr>
<tr>
<td>80</td>
<td>173</td>
</tr>
</tbody>
</table>
MEMORANDUM FOR CADET

FROM: Air Force Reserve Officer Training Corps (AFROTC) Detachment (Det) 592

SUBJECT: Request and Consent for Release of Student Records

1. In compliance with 10 U.S.C. 2102 et seq., your consent is required to permit the educational institution in which you are/were enrolled to release official copies of your transcripts of grades and/or other student records, files, or data that are a part of your student records to AFROTC and Department of Defense (DOD) agencies, as may be required by these agencies.

2. It is mutually understood that the purposes of this request for official copies of student records is necessary for AFROTC screening and evaluation of its present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of the request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC purposes only.

AFROTC Det 592 Representative

1st Ind, Student

DATE: ______________________

MEMORANDUM FOR AFROTC Det 592

I have read and understand your request for official copies of my school records. I hereby voluntarily consent to the release of such official records as you may require in your above-stated request and have signed the attached authorization for appropriate school officials to release to Det 592 personnel or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

(Student’s Signature) ________________________________________________

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

Attachment:
Consent for Release of Student Records
MEMORANDUM FOR UNIVERSITY OF NORTH CAROLINA CHARLOTTE

FROM: CADET ___________________

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment 592 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det 592 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

INSTUTION NAME: ___________________
STUDENT ID #: ___________________
SSN: ___________________
DOB: ___________________

(Student's Signature) ___________________ (Parent's Signature if student is under age 18 years of age)
FITNESS SCREENING QUESTIONNAIRE

Figure A4.1. Fitness Screening Questionnaire.

FITNESS SCREENING QUESTIONNAIRE
You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?
   a. Unexplained chest discomfort with or without exertion
   b. Unusual or unexplained shortness of breath
   c. Dizziness, fainting, or blackouts associated with exertion
   d. Other medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.).
   e. Family history of sudden death before the age of 50 years

   ☐ Yes: Stop. Notify your UFPM and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP). Hand carry this form to medical evaluation.
   ☐ No: Proceed to next question.

2. Are you 35 years of age or older?

   ☐ Yes: Proceed to next question.
   ☐ No: Step. Sign form and return to your UFPM. Member may take the FA.

3. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?

   ☐ Yes: Stop. Sign form and return to your UFPM. Member may take the fitness assessment.
   ☐ No: Proceed to the next question.

4. Do one (1) or more of the following risk factors apply to you?
   • Smoked tobacco products in the last 30 days
   • Diabetes
   • High blood pressure that is not controlled
   • High cholesterol that is not controlled
• Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
• Age > 45 years for males; > 55 years for females

☐ Yes: Stop and notify UFP.

NOTE: RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. If not previously cleared, member will be referred to PCP for evaluation and, if medically cleared for unrestricted fitness program, the member will take the FA. Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

ANG (Title 32 status) Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

☐ No: Stcp. Sign form and return to your UFP. Member will take the FA.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she should stop the test immediately and seek medical attention immediately.

Signature: ___________________________ Date: _______
Printed Name: ___________________________ Rank: _______
Duty Phone: ___________________________ Office Symbol: _______

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.
DODMERB APPLICANT INFORMATION

First Name: ___________________ Last Name: ___________________ MI: __________
SSN: ________________________
Birth Date (MM/DD/YYYY): _________________
Gender: ______
Applicant Email: ________________________________
Local Phone: ___________________
Cell Phone: _______________________

Applicant Address

Street: ________________________________
City: ___________________ State: _______ Zip: __________

FOR CADRE USE ONLY

☐ Submitted into DODMETS: DATE: __________
☐ Email sent to Cadet with instructions: DATE: __________
☐ Cadet Appt. Dates: __________ __________
☐ Waiver ☐ IS or ☐ IS NCT required.

☐ If waiver required, has necessary documents been obtained and sent to DODMERB. DATE: __________
☐ Qualified
☐ Disqualified ☐ Waiver Granted ☐ Waiver Denied