

DET 370 Required Screening/In-Processing Documents

Cadet Name (Last, First, M.I.): _____

Commissioning Month/Year: _____

Guard/Reserve: Y / N

- Complete online application (<https://www.afrotc.com/apply/>)
- Original Birth Certificate/U.S. Naturalization or certified true copy stamped by notary
- Original Social Security Card or certified true copy stamped by notary (signed if 18 or older)
- Selective Service Registration (MALES ONLY) (www.sss.gov) Print copy
- Transcripts (High school or college) (Does not need to be official)
- SAT/ACT Scores
- Current Immunization Records
- Sports Physical AFROTC Form 28 (Good for 1 year)
- Academic Degree Plan (Signed by school counselor)
- Forms to be signed:
 - Drug Testing Policy Memo
 - AF IMT 2030 - Drug & Alcohol Abuse Form
 - DD Form 93- Record of Emergency Data
 - DD Form 2005 – Privacy Act Statement
 - Consent for Release of Student Records
 - Mail Access Authorization
 - DD Form 2983 – Recruit/Trainee Prohibited Activities Agreement
- Other (IF APPLICABLE):
 - AF IMT 3010 (Only required if you have dependents)
 - Family Care Plan (Only required if you have dependents)
 - DD 214 (Prior Service- Active/Guard/Reserve)
 - DD 785 (Record of Disenrollment from Officer Candidate Training)
 - DD 4 (If previously disenrolled or separated)
 - DD Form 368 - Conditional Release Form (Guard/Reserve)
 - Prior Civil Involvements (Disciplinary actions, tickets, citations, arrests, etc.)
Please bring a copy of the citation or disposition documents
- Certificates (IF APPLICABLE):
 - JROTC Certificate
 - Civil Air Patrol
 - Boy/Girl Scouts

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT

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

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

3. CADET/APPLICANT MEASUREMENTS

HEIGHT

WEIGHT

4. AIR FORCE WEIGHT STANDARDS
(found on reverse)

MINIMUM

MAXIMUM

5. BODY FAT MEASUREMENT

6. BODY FAT STANDARDS:

FEMALE - 26%
MALE - 18%

7. CHECK APPLICABLE BOX

- IS WITHIN AIR FORCE WEIGHT STANDARDS
 EXCEEDS AIR FORCE WEIGHT STANDARDS
 IS BELOW AIR FORCE WEIGHT STANDARDS

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

I, *(print name)* _____, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. (IF CADET/APPLICANT IS BELOW 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)

10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)

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

11. (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

ACCESSION HEIGHT AND WEIGHT STANDARDS & BODY FAT MEASUREMENT (BFM) STANDARDS
 (Per DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*)

HEIGHT (INCHES)	POUNDS	
	MINIMUM (BMI = 19 kg/m)	MAXIMUM (BMI = 25.0 kg/m)
58	91	119
59	94	124
60	97	128
61	100	132
62	104	136
63	107	141
64	110	145
65	114	150
66	117	155
67	121	159
68	125	164
69	128	169
70	132	174
71	136	179
72	140	184
73	144	189
74	148	194
75	152	200
76	156	205
77	160	210
78	164	216
79	168	221
80	173	227

I. ADMINISTRATIVE DATA <small>(Shaded areas are for detachment use only)</small>			
1. NAME <small>(Last, First, MI)</small>	2. ACADEMIC INSTITUTION/AFROTC DETACHMENT	3. ACADEMIC MAJOR	
4. INSTITUTIONAL OFFICIAL REVIEW		5. INITIAL REVIEW	
INSTITUTION OFFICIALS SIGNATURE/DATE		COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A _____ DEGREE DURING _____	
DO NOT SIGN BLOCK 6--SIGNATURE REQUIRED AFTER GRADUATION			
6. I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE AS STATED IN BLOCK 5.		STUDENTS SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE
_____ <small>SIGNATURE OF CADET/DATE</small>			

II. ACADEMIC PLAN/TERM REVIEW									
TERM: _____ YEAR: _____					TERM: _____ YEAR: _____				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				
REMARKS					REMARKS				
					Fall Term Reevaluation Complete: Signature/Date of Instituion Official _____				
STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE	

1. NAME (Last, First, MI)									
TERM: _____ YEAR: _____					TERM: _____ YEAR: _____				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				
REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Instituion Official					REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Instituion Official				
STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE	
TERM: _____ YEAR: _____					TERM: _____ YEAR: _____				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				
REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Instituion Official					REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Instituion Official				
STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE	

1. NAME (Last, First, MI)

TERM:					YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				

REMARKS
 Fall Term Reevaluation Complete: _____
 Signature/Date of Institution Official

REMARKS
 Fall Term Reevaluation Complete: _____
 Signature/Date of Institution Official

STUDENT'S SIGNATURE _____ AFROTC REVIEWER'S SIGNATURE/DATE _____

STUDENT'S SIGNATURE _____ AFROTC REVIEWER'S SIGNATURE/DATE _____

TERM:					YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				

REMARKS
 Fall Term Reevaluation Complete: _____
 Signature/Date of Institution Official

REMARKS
 Fall Term Reevaluation Complete: _____
 Signature/Date of Institution Official

STUDENT'S SIGNATURE _____ AFROTC REVIEWER'S SIGNATURE/DATE _____

STUDENT'S SIGNATURE _____ AFROTC REVIEWER'S SIGNATURE/DATE _____

1. NAME (Last, First, MI)

TERM:					YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				

REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Institution Official	REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Institution Official
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STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE	STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE
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TERM:					YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				

REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Institution Official	REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Institution Official
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STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE	STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE
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Attachment 5

DRUG DEMAND REDUCTION PROGRAM MOU

Figure A5.1. Drug Demand Reduction Program MOU.

<p>DEPARTMENT OF THE AIR FORCE AIR UNIVERSITY (AETC)</p> <p>MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)</p> <p>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.</p>	
<p>_____</p> <p>Cadet Signature and Date</p>	<p>_____</p> <p>Parent/Guardian Signature and Date (Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)</p>
<p>_____</p> <p>Printed Name and Signature Witness (or Notary) and Date</p>	

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.

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

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

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

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

SECTION I. DEFINITION OF TERMS

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

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

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

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

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

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

MARIJUANA: Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatsoever name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

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

INITIAL YES/NO BOXES AS APPLICABLE

	YES	NO
I have read and understand the definition of the terms above.		
Have you ever used or experimented with marijuana? (<i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i>)		
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		

SECTION III. STATEMENTS OF UNDERSTANDING

	INITIALS
During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (<i>including marijuana</i>) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.	
Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (<i>including marijuana</i>) or any alcohol abuse as described above, FROM THIS DATE FORWARD , renders me ineligible for the Air Force.	
Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.	
I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.	

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

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
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WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE
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REMARKS

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

I have read and fully understand all the information on this form.

I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.

I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.

DATE	NAME (<i>Last, First, M.I.</i>) AND SSN OF APPLICANT	SIGNATURE
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WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL

DATE	NAME (<i>Last, First, M.I.</i>) AND GRADE OF WITNESS	SIGNATURE
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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 checked="" type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION DET 370
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)			

SECTION 2 - BENEFITS RELATED INFORMATION

11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i>	b. RELATIONSHIP	c. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	d. PERCENTAGE
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only)</i> NAME AND RELATIONSHIP	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER		c. PERCENTAGE
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIONSHIP	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER		

14. CONTINUATION/REMARKS

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i>	17. DATE SIGNED <i>(YYYYMMDD)</i>
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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.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

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

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

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

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

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

3. ROUTINE USES:

Information in your records may be disclosed to:

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

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

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

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

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

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

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

5. SIGNATURE OF PATIENT OR SPONSOR

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

7. DATE (YYYYMMDD)

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

DATE: _____

CADET NAME _____

1. In compliance with PL 93-389, "Family Educational Rights and Privacy Act", your consent is required to permit the educational institution or AFROTC Detachment 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 Department of Defense (DOD) agencies, as may be required by such 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 tis 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 this request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC evaluation.

3. Your signature below signifies receipt and agreement of the above statement and that you have read and understand our request for official copies of your school records. And you hereby voluntarily consent to the release of such official records as we may require in the above stated request. You therefore authorize appropriate school officials or detachment personnel to release to the above requestor, their successor, 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 18 years
of age)

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

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

Cadet Signature and Date

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

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.
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://dpclo.defense.gov/Privacy/SORNsIndex/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 <i>(Last, First, Middle)</i>	2. PAY GRADE	3. RECRUITING OFFICE/TRAINING COMMAND
4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS <i>(City, State, ZIP Code)</i>	5. DATE SIGNED <i>(YYYYMMDD)</i>	6. SIGNATURE

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

10. APPROVED BY
(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.

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