



# Preparing for Flying Knights In-processing...



## Have the following completed prior to Aug 20 & 21 Meeting

### Classes

- ☐ Register for AFR 101 & AAF 111 (AFR 110, AFR 111, AFR 230, & AFR 231 for 3-year cadets)
  - You will be provided with an access code once your AFROTC registration has been submitted/validated in WINGS.

### Online Info Meeting

- ☐ Sign up to attend one of the online information briefings located on the flyer below

## Part 2: In-Person (20 or 21 August according to sign-up during online info meeting)

- Print and complete **ALL** paperwork within this packet according to their specific instructions

### Original Birth Certificate

- ☐ Original Copy
- ☐ If no original, a certified copy from the Clerk or Recorder of Birth State

### Social Security Card signed by applicant

- ☐ Original

### Selective Service Number (Males only)

- ☐ Bring a copy of Original or Print-out from "Check a Registration" at [www.SSS.gov](http://www.SSS.gov)
- ☐ Selective Service Number is: \_\_\_\_\_

### SAT/ACT Scores

- ☐ 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 grades for each class)

### Certificates or Documentation demonstrating (as applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> Junior ROTC      | <input type="checkbox"/> DD Form 214 (prior military enlistment)                                   |
| <input type="checkbox"/> Civil Air Patrol | <input type="checkbox"/> DD Form 785 (prior service academy or officer accession training program) |
| <input type="checkbox"/> Eagle Scout      |  |

**NSHE 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: \_\_\_\_\_

# Flying Knights In-processing Guide

## APPLICATION PAPERWORK

Please read all instructions for each form carefully

### **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. The entire form must be filled out, to include the BMI section. Students will be sent back to their doctors and not allowed to participate if sections are left blank.

***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.*

You will complete the rest of your application paperwork at orientation with Detachment 159 staff. If you are 17 years of age or younger, you **MUST** bring a parent with you to sign as your legal guardian.

### **DD Form 2983 - Recruiting/Trainee Prohibited Activities Acknowledgment**

**PURPOSE:** This form is use to establish the understanding of what activities will not engage in as an AFROTC cadet

**SPECIFIC INSTRUCTIONS:** Fill out information in blocks 1-6. Read and initial by each description in Block 7

***INSTRUCTIONS AFTER PROVIDING INFORMATION:***

- Print out completed form, scan as a PDF, and provide back to [afrotc@ucf.edu](mailto:afrotc@ucf.edu) as an attachment.*
- Bring a physical copy to your selected in-processing date.*

### **AF Form 2030 - USAF Air Force Drug and Alcohol Abuse**

**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:***

- Print out completed form, scan as a PDF, and provide back to [afrotc@ucf.edu](mailto:afrotc@ucf.edu) as an attachment.*
- Bring a physical copy to your selected in-processing date.*

# Flying Knights In-processing Guide

## APPLICATION PAPERWORK CONTINUED

### **Drug Demand Reduction Program Memo**

**PURPOSE:** This memo is to verify that you are subject to random urinalysis drug testing and will comply if randomly selected.

**SPECIFIC INSTRUCTIONS:** If you are over the age of 18, then review, sign, and date where indicated. If you are under the age of 18, you must have your parents co-sign at the time of your signature. If you elect to have your parents sign with you **before** you arrive for in-processing weekend, then you must have a notary provide a seal at time of signature. You may also elect to bring the unsigned form to in-processing weekend and sign it in the presence of Det 159 cadre.

#### ***INSTRUCTIONS AFTER COMPLETION:***

- *(If Over 18) Scan the signed copy and email as an included PDF file back to afrotc@ucf.edu*
- *(If under 18 & parents will not be with you at in-processing) Sign, notarize, scan and send to afrotc@ucf.edu*
- *(If under 18 at time of in-processing weekend) Bring the unsigned hard copy and parents with you.*

### **DD Form 2005 - Privacy Act Statement / Healthcare Records**

**PURPOSE:** To ensure you understand what information is collected and utilized in regards to your healthcare records

**SPECIFIC INSTRUCTIONS:** Review the document, provide your SSN where indicated, and then provide your signature along with the signing date.

#### ***INSTRUCTIONS AFTER COMPLETION:***

- *Scan the signed copy and email as an included PDF file back to afrotc@ucf.edu*
- *Bring the hard copy with you to in-processing weekend*

### **Dual Citizenship State**

**PURPOSE:** Only applies to applicants that have current dual citizenship. Do not fill out if you do not fit this criteria.

**SPECIFIC INSTRUCTIONS:** Review the document, provide your name, country of citizenship, and signature & date.

#### ***INSTRUCTIONS AFTER COMPLETION:***

- *Scan the signed copy and email as an included PDF file back to afrotc@ucf.edu*
- *Bring the hard copy with you to in-processing weekend*

# Flying Knights In-processing Guide

## APPLICATION PAPERWORK CONTINUED

### **Release of Student Records Memo**

**PURPOSE:** This memo is to confirm the release of your student your student records to AFROTC Headquarters for official AFROTC business only

**SPECIFIC INSTRUCTIONS:** Fill in the designated areas with your name and date. Provide a signature if over 18. If under 18 at time of signature, please have your parents co-sign. No notary is needed for this document.

#### ***INSTRUCTIONS AFTER COMPLETION:***

- *Scan the signed copy and email as an included PDF file back to [afrotc@ucf.edu](mailto:afrotc@ucf.edu)*
- *Bring the filled out hard copy with you to in-processing weekend*

### **DD form 93 - Record Of Emergency Data**

**PURPOSE:** To provide Detachment with vital contact information in case of emergency

**SPECIFIC INSTRUCTIONS:** Fill out page 1 of the document with name, address, and contact information of specified individuals. If you are currently married and/or have kids, then do not fill out and bring physical form with you to in-processing weekend. **DO NOT SIGN!**

#### ***INSTRUCTIONS AFTER COMPLETION:***

- *Bring the hard copy with you to in-processing weekend to sign in front of cadre/witness*

### **AF Form 3010 - Understanding of Dependent Care Responsibility**

**PURPOSE:** Mostly applies to those that are currently married or have dependents

**SPECIFIC INSTRUCTIONS:** If single with no kids, then mark the Single box and provide initials by each line in block II. If married or you do have dependents, then fill out the areas accordingly. Provide signature and date where indicated

#### ***INSTRUCTIONS AFTER COMPLETION:***

- *Scan the signed copy and email as an included PDF file back to [afrotc@ucf.edu](mailto:afrotc@ucf.edu)*
- *Bring the filled out hard copy with you to in-processing weekend*

# Flying Knights In-processing Guide

## APPLICATION PAPERWORK CONTINUED

### **AF Form 4428 - Tattoo/Body Marking Screening**

**PURPOSE:** This memo is to confirm your understanding of current military tattoo regulations and document any tattoos/brands/markings you may have

**SPECIFIC INSTRUCTIONS:** Fill in the designated areas with your name, date, SSN. Provide a number on the body diagram outline for each tattoo you have. Provide a description of each numbered tattoo/marking in the box below. Provide your initials, name, signature, and date in the boxes under Initial Certification.

#### ***INSTRUCTIONS AFTER COMPLETION:***

- Scan the signed copy and email as an included PDF file back to [afrotc@ucf.edu](mailto:afrotc@ucf.edu)
- Bring the filled out hard copy with you to in-processing weekend

### **AF Form 19 - Student Standards of Conduct Training Agreement**

**PURPOSE:** To ensure you understand all standards and rules while classified as a student within AFROTC

**SPECIFIC INSTRUCTIONS:** Read each line item and provide your initials to signify your understanding and adherence to this agreement. Sign and date at the bottom of the page when completed

#### ***INSTRUCTIONS AFTER COMPLETION:***

- Scan the signed copy and email as an included PDF file back to [afrotc@ucf.edu](mailto:afrotc@ucf.edu)
- Bring the filled out hard copy with you to in-processing weekend

## AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME		2. AFROTC DETACHMENT  AFROTC Detachment 159	
<b>MEDICAL AUTHORITY:</b> Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below. <b>AFROTC CADRE:</b> 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 <input type="checkbox"/> IS WITHIN AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> 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 <b>DID</b> / <b>DID NOT</b> (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	
<b>AFROTC CADRE:</b> 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

## 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.

<b>1. RECRUIT/TRAINEE NAME</b> <i>(Last, First, Middle)</i>  	<b>2. PAY GRADE</b>  Cadet	<b>3. RECRUITING OFFICE/TRAINING COMMAND</b>  AFROTC Detachment 159
<b>4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS</b> <i>(City, State, ZIP Code)</i>  12650 Gemini Blvd, Orlando, FL 32816-2380	<b>5. DATE SIGNED</b> <i>(YYYYMMDD)</i>  	<b>6. SIGNATURE</b>  

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

<i>(Initial)</i>  _____	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):**

<i>(Initial)</i>  _____	<b>9. VIOLATIONS.</b> Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.
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### 10. APPROVED BY

a. NAME <i>(Last, First, Middle Initial)</i>  	b. TITLE  	c. DATE SIGNED <i>(YYYYMMDD)</i>  	d. SIGNATURE/RANK  
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## 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 (*including marijuana*) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.

Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (*including marijuana*) or any alcohol abuse as described above, **FROM THIS DATE FORWARD**, renders me ineligible for the Air Force.

Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.

I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.

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

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

<b>WITNESS</b>		
<b>I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL</b>		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND GRADE OF WITNESS	SIGNATURE
REMARKS		
<b>SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT</b>		<b>INITIALS</b>
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
<b>WITNESS</b>		
<b>I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL</b>		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND GRADE OF WITNESS	SIGNATURE

## Attachment 5

## DRUG DEMAND REDUCTION PROGRAM MOU

Figure A5.1. Drug Demand Reduction Program MOU.

**DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)****MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY  
FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)**

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a 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.

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Cadet Signature and Date

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

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Printed Name and Signature Witness (or Notary) and Date

## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

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

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

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

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

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

### 3. ROUTINE USES:

Information in your records may be disclosed to:

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

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

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

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

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

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

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

5. SIGNATURE OF PATIENT OR SPONSOR

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

7. DATE (YYYYMMDD)

MEMORANDUM FOR RECORD

FROM: AFROTC/Detachment 159

SUBJECT: Dual Citizenship Renouncement Statement

1. IAW AFROTCI 36-2011, Para. 11.3.6.2, “individuals who claim dual citizenship must, in writing, express their willingness to renounce their citizenship to another country and relinquish any foreign passports.” (Pg.68)

2. This serves as the written memorandum for cadet \_\_\_\_\_,  
illustrating his/her willingness to renounce citizenship from \_\_\_\_\_,  
and indicates cadet has taken the applicable steps per AFROTCI 36-2011 and AFI 31-501.

\_\_\_\_\_, Cadet, AFROTC DET 159



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

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

MEMORANDUM FOR UNIVERSITY OF CENTRAL FLORIDA

FROM: Cadet \_\_\_\_\_

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment (Det) 159 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det 159 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

\_\_\_\_\_  
(Student's Signature)

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

## 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	
<b>3a. SERVICE/CIVILIAN CATEGORY</b> <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>b. REPORTING UNIT CODE/DUTY STATION</b> AFROTC DET 159
<b>4a. SPOUSE NAME</b> (If applicable) (Last, First, Middle Initial)  <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		<b>b. ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER	
<b>5. CHILDREN</b> <b>a. NAME</b> (Last, First, Middle Initial)	<b>b. RELATIONSHIP</b>	<b>c. DATE OF BIRTH</b> (YYYYMMDD)	<b>d. ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER
<b>6a. FATHER NAME</b> (Last, First, Middle Initial)		<b>b. ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER	
<b>7a. MOTHER NAME</b> (Last, First, Middle Initial)		<b>b. ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER	
<b>8a. DO NOT NOTIFY DUE TO ILL HEALTH</b>  None		<b>b. NOTIFY INSTEAD</b>	
<b>9a. DESIGNATED PERSON(S)</b> (Military only)		<b>b. ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER	
<b>10. CONTRACTING AGENCY AND TELEPHONE NUMBER</b> (Contractors only)			

**SECTION 2 - BENEFITS RELATED INFORMATION**

<b>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</b> <i>(Military only)</i>	<b>b. RELATIONSHIP</b>	<b>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	<b>d. PERCENTAGE</b>
<b>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</b> <i>(Military only)</i> <b>NAME AND RELATIONSHIP</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	<b>c. PERCENTAGE</b>
<b>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</b> <i>(Military only)</i> <b>NAME AND RELATIONSHIP</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	
<b>14. CONTINUATION/REMARKS</b>			
<b>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN</b> <i>(Include rank, rate, or grade if applicable)</i>	<b>16. SIGNATURE OF WITNESS</b> <i>(Include rank, rate, or grade as appropriate)</i>		<b>17. DATE SIGNED</b> <i>(YYYYMMDD)</i>



## 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.

**USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY****PRIVACY ACT STATEMENT**

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

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

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

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

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

**I. MARITAL STATUS**

☐ SINGLE ☐ MARRIED (Civilian) ☐ MARRIED (Military) ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

**II. STATEMENT OF UNDERSTANDING**

I understand:

My eligibility is based on my marital and dependency status and failure to claim all my dependents may result in my involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes. 1. A spouse. 2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support, includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse. 3. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child includes those born out of wedlock. 4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. (5) FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by or a court order determines is his. ( )

It is my responsibility to provide legal documents (marriage certificate, birth certificate, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) will not prevent me from being available for worldwide assignment and failure to perform my military dependent(s) may result in disciplinary action, to include involuntary discharge. ( )

If applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, date of grade, number of dependents, and availability. ( )

Military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a join spouse assignment, but there is no guarantee they will be assigned together. ( )

**III. REMARKS****IV. APPLICANT CERTIFICATION**

I have read the information on this form and understand how it applies to me and my dependent(s). I also understand the needs of the Air Force come first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is of my personal knowledge and is true and correct and my recruiter did not advise me to conceal any dependency information.

DATE	NAME (Last, First, Middle Initial)	SSN	SIGNATURE
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**V. RECRUITER CERTIFICATION**

I certify the information on this form was explained to the applicant and I verified the applicant's dependent(s) and marital status from appropriate source documents.

DATE	RECRUITER'S NAME/GRADE	SIGNATURE
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**VI. APPLICANT FINAL CERTIFICATION**

On the date of enlistment or commissioning or appointment and prior to signing the oath, I reviewed the information on this form and hereby reaffirm complete knowledge and understanding of the statements contained herein. I further certify all changes to my marital or dependent status since initiation of this form are explained in Section III.

DATE	SIGNATURE
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**VII. AIR FORCE REPRESENTATIVE FINAL CERTIFICATION**

I have verified all known changes to the applicant's marital or dependent status since initiation of this form and certify they are explained in Section III.

DATE	NAME/GRADE OF AIR FORCE REPRESENTATIVE	SIGNATURE
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## INSTRUCTIONS

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

### Section I, Marital Status.

Applicant marks the applicable marital status.

### Section II, Statement of Understanding.

Applicant initials all paragraphs to acknowledge his/her understanding. (NOTE: When applicant furnishes proof of permanent transfer of all rights to the legal, physical, or other responsibility for the custody, control, care, maintenance, and support of a dependant under 18-years of age through formal adoption, they will not be considered a dependant for accession purposes.)

### Section III, Remarks.

If a dependency eligibility/waiver is required and approved; list date of approval, approving official, and position. If there are no comments, enter "None" and applicant must initial.

### Section IV, Applicant Certification.

Self explanatory.

### Section V, Recruiter Certification.

Self explanatory.

### Section VI, Applicant Final Certification.

Complete on date of final enlistment, commissioning or appointment. (NOTE: Do not complete at time of delayed enlistment program (DEP) entry.)  
Ensure all changes to applicant's marital and dependent status are annotated in Section III.

### Section VII, Air Force Representative.

Complete on date of final enlistment, commissioning, or appointment. (NOTE: Do not complete at time of DEP entry.) Ensure all changes to applicant's marital and dependent status are annotated in Section III.

**TATTOO/BRAND/BODY MARKING SCREENING/VERIFICATION****PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 8013, Secretary of the Air Force, Executive Order 9397 (SSN), as amended.

**PURPOSE:** To provide personnel management support to commanders and supervisors.

**ROUTINE USE:** Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act. DoD 'Blanket Routine Uses' apply.

**DISCLOSURE:** Voluntary, failure to provide SSN may impede proper placement in member's military personnel file.

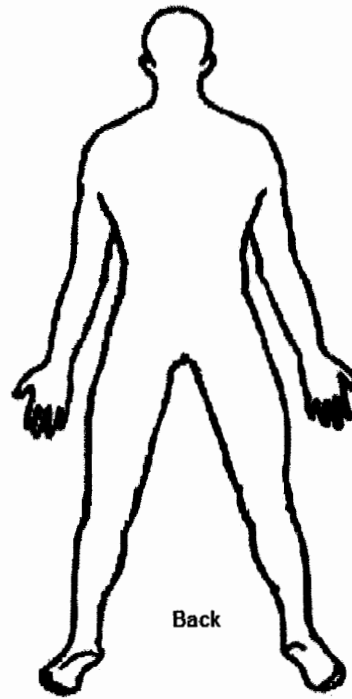
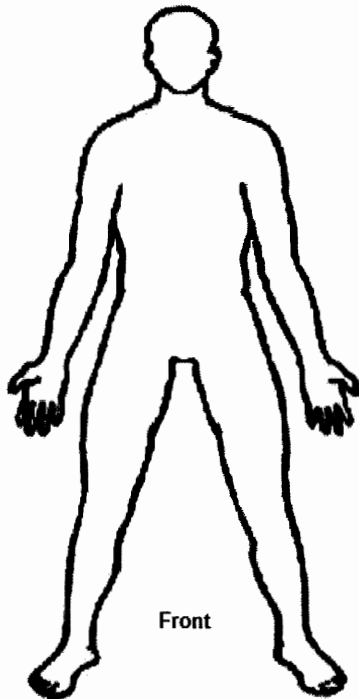
**WARNING:** The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you knowingly and willingly provide a false statement you can be tried by military courts - martial or meet an administrative board for discharge and could receive a less than honorable service characterization.

**SECTION I. AIRMAN**

<b>a. LAST NAME - FIRST NAME - MIDDLE INITIAL (SUFFIX)</b>	<b>b. DATE OF BIRTH (YYYY MM DD)</b>	<b>c. SOCIAL SECURITY NUMBER</b>
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**SECTION II. IDENTIFICATION**

- Cadet marks all tattoo/brand/body markings with a number
- Cadet describes tattoo/brand/body marking information below and ROTC Cadre initials



Number on Body Diagram	Location	Description, Size, Shape and Meaning	Initials

**SECTION II. TATTOO/BRAND/BODY MARKING IDENTIFICATION OVERFLOW**

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

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

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

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

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

**SECTION IV. INITIAL CERTIFICATION****INITIALS**

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

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

DATE	Airman NAME ( <i>Last, First, M.I.</i> ) RANK/GRADE	SIGNATURE
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**SUPERVISOR**

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

DATE	NAME ( <i>Last, First, M.I.</i> ) RANK/GRADE	SIGNATURE
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**FIRST SERGEANT**

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

DATE	NAME ( <i>Last, First, M.I.</i> ) RANK/GRADE	SIGNATURE
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**SECTION V. COMMANDER'S ACTION****INITIALS**

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

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

DATE	NAME ( <i>Last, First, M.I.</i> ) RANK/GRADE	SIGNATURE
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**AIRMAN ACKNOWLEDGEMENT**

DATE	NAME ( <i>Last, First, M.I.</i> ) RANK/GRADE	SIGNATURE
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# AU MAC STUDENT STANDARDS OF CONDUCT TRAINING AGREEMENT

## SECTION I. STUDENT/CADET/OFFICER TRAINEE INFORMATION

NAME: (Last, First, MI)		RANK:
ORGANIZATION:	CLASS/FLIGHT:	PHONE:

## SECTION II. OBLIGATIONS

### READ ALL STATEMENTS CAREFULLY

**NOTE: Initial only after careful review. Failure to comply could result in disciplinary action.**

INITIALS

1.	I have read and understand AFI 36-2909, <i>Professional and Unprofessional Relationships</i> , AETCI 36-2909, <i>Recruiting, Education, and Training Standards of Conduct</i> , and AU Mission Area Commander Guidance.	
2.	I understand that AFI 36-2909, AETCI 36-2909 and AU MAC Guidance applies to all individuals assigned or attached to, or operating in an AU unit as an instructor, recruiter, cadre member, faculty or staff member, as well as to students, cadets, trainees, DoD civilians, international military or civilian personnel, and contractor personnel. I understand that the AETCI 36-2909 applies from initial contact with an applicant and continues to apply throughout all entry level and initial skills training, including breaks in between. It also applies when an individual returns to AU as a student for continuing professional education or training courses.	
3.	I understand military members who violate AFI 36-2909, AETCI 36-2909, or the AU MAC Guidance are subject to prosecution or disciplinary actions under Article 92 of the Uniform Code of Military Justice (UCMJ), as well as any other applicable article of the UCMJ. Civilian personnel who violate AFI 36-2909, AETCI 36-2909, or AU MAC Guidance are subject to disciplinary action under AFI 36-704, <i>Discipline and Adverse Actions</i> .	
4.	I understand a "student", "cadet", and "officer or enlisted trainee" includes military and civilian personnel who are assigned or on temporary duty to other AETC bases, wings, detachments, or schools to attend training or courses of instruction for officer training and accessions, entry level training, initial skills training, technical training, reporting to their permanent duty stations, professional continuing education, or other training and developmental courses.	
5.	I understand these rules apply to personnel who are awaiting or have completed training or instruction, as well as those who have been eliminated or disenrolled from training or instruction and are awaiting reassignment or discharge. I understand my special responsibilities apply to ALL AETC students, cadets, trainees, or other entry level or initial skills students, in every AETC course of instruction, under every circumstance, until six months after they complete initial skills training, and are no longer a student, cadet, or trainee but are signed in as a permanent party of their duty location.	
6.	I understand that instructors, recruiters, faculty and staff must also follow these rules and must dedicate themselves to conduct that is professional and in line with Air Force standards of conduct.	
7.	In accordance with the above regulations, I <b>WILL NOT</b> do the following with <b>ANY</b> instructor, recruiter, cadre member, faculty or staff.	
	a. Engage in any social contact of a personal nature while in a training environment.	
	b. Establish or attempt to establish personal, social contact or develop a relationship of a personal, intimate or sexual nature. This includes but is not limited to: kissing, hand holding, embracing, caressing and engaging in sexual activities. <b>Personal social contact or personal relationships are prohibited whether conducted face-to-face or via cards, letters, emails, telephone calls, instant messages, video, photograph or by any other means.</b>	
	c. Make, seek or accept sexual advances or favors	
	d. Gamble	
	e. Lend or borrow money, hire for services (babysitting, moving, etc.) or establish a business together	
	f. Establish a common household (share the same living area) unless required by military operations	
	g. Attend social gatherings, other than approved official functions, or frequent clubs, bars or theaters together unless it is an outside the classroom event approved by my commander	
	h. Accept or consume alcohol unless it is at an event approved by my commander	
8.	I <b>WILL NOT</b> allow even the appearance of an unprofessional relationship exist between myself and an instructor, recruiter, cadre member, faculty or staff member.	
9.	I <b>WILL NOT</b> engage in, nor tolerate in others, maltreatment, maltraining, or hazing under any circumstances.	
10.	I <b>WILL</b> dedicate myself to conduct that is professional and beyond reproach.	
11.	I understand I should report any allegations of a violation of AETCI 36-2909.	
12.	I <b>WILL REPORT</b> any and all incidents of maltreatment, maltraining, hazing, unprofessional relationship, or inappropriate social conduct about which I learn, whether through personal observation, end of course surveys, critiques (anonymous or otherwise), or oral accounts from any party (students, cadets, officer or enlisted trainees, instructors, recruiters, cadre members, faculty or staff).	

*I WILL BE ALERT TO ANY VIOLATION, OR PERCEIVED VIOLATION, OF THE GUIDELINES ABOVE. I WILL ALWAYS REMAIN AN EXAMPLE OF PROFESSIONALISM AND HONOR.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_