



DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)


PRINT

MEMORANDUM FOR CADET Barry T. Johnson

FROM: AFROTC Detachment 004
University of Nevada, Las Vegas
4505 Maryland Parkway, BOX 454005
Las Vegas, NV 89154-4005

SUBJECT: Request for Release of Student Records

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 004 in which you are/were enrolled to release official copies of your transcripts of grades and/or student records, files, or data that are a part of your student records to the 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 its present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of 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.


ROBERT L. HAUG, LtCol, USAF
Commander, Det 004

PRINT NAME & DATE

1st Ind., Barry T. Johnson
(Print Student Name)

14 Jul 11
(Date)

TO: AFROTC Det 004/CC

I have read and understand your request for official copies of my school records. I hereby voluntarily consent to the release of such official records as you may require in your above stated request. I therefore authorize appropriate school officials or detachment personnel to release to the above signed requester, their successor, or appropriate DoD agency any and all official records, files, and data now or in the future for their use as requested above.

SIGNATURE

Barry T. Johnson
(Student's Signature)

(Parent's Signature if student <18 years old)

PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to investigate or prosecute a violation of law; to state and local tax authorities to determine tax liability; to the Department of Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

PRINT NAME, INITIAL, CURRENT DATE

Barry T. Johnson BTJ 14 July 2011

PRINTED NAME

INITIAL

DATE

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.

ANSWER THE FOLLOWING QUESTIONS (CONT)	YES	NO
13. Do you understand that participation in Air Force ROTC requires strenuous physical activity? (You will be required to obtain medical clearance from a physician prior to program entry.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

II. STATEMENT OF UNDERSTANDING

I understand that membership in the General Military Course (GMC) or attendance at Field Training (FT) does not guarantee that I will be accepted into the Professional Officer Course (POC). I understand that if I am not on scholarship, attendance at FT does not guarantee or commit me to enter the POC. GMC scholarship cadets who attend the first AS 200 class or Leadership Laboratory incur an Active Duty Service Commitment and are liable to call to extended active duty or recoupment (which includes payback of scholarship benefits received during the AS 100 year).

SIGNATURE OF APPLICANT <i>Barry Johnson</i>	DATE 14 July 2011
--	----------------------

III. OATH OF ALLEGIANCE

I do solemnly swear or affirm that I will support and defend the Constitution of the United States against all enemies foreign or domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without any mental reservation or purpose of evasion.

SIGNATURE OF APPLICANT <i>Barry Johnson</i>	DATE 14 July 2011
--	----------------------

REMARKS

Please mark only one of the "swear" or

Do not sign unless you are a US citizen

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 33, Appointment in Regular Component; 10 U.S.C. 103, Senior Reserve Officers' Training Corps as implemented by AFROTCI 36-2011, Air Force Reserve Officers' Training Corps; and E.O. 9397 (SSN). PURPOSE: To process and manage selected students for acceptance into the USAF ROTC program. ROUTINE USES: This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation. DISCLOSURE: Furnishing the information is voluntary. Failure to provide requested information will hinder processing.

RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES

1. Military life is fundamentally different from civilian life. The military has its own laws, rules, customs, and traditions, including numerous restrictions on personal behavior, that would not be acceptable in civilian society. These are necessary because military units and personnel must maintain the high standards of morale, good order, discipline, and unit cohesion that are essential for combat effectiveness.

2. The Armed Forces must be ready at all times for worldwide deployment. Military law and regulations, including the Uniform Code of Military Justice, apply to service members at all times, both on base and off base, from the time the member enters the service until the member is discharged or otherwise separated from the Armed Forces.

3. Members of the Armed Forces may be involuntarily separated before their term of service ends for various reasons established by law and military regulations, such as:

- a. A member may be separated for a pattern of disciplinary infractions, a pattern of misconduct, commission of a serious offense, or civilian conviction.
- b. A member who has been referred to a rehabilitation program for personal drug and alcohol abuse may be separated for failure through inability or refusal to participate in, cooperate in, or successfully complete such a program.
- c. A member may be discharged by reason of parenthood, if it is determined the member, because of parental responsibilities, is unable to perform his or her duties satisfactorily or is unavailable for worldwide assignment or deployment.
- d. A member may be separated for violation of laws and regulations regarding sexual conduct of members of the Armed Forces, for example, engaging or attempting to engage in a homosexual act or soliciting another to engage in such an act; for stating that he or she is homosexual or bisexual, or words to that effect; or for marrying or attempting to marry an individual of the same sex.
- e. A member may be separated for failure to meet service weight control standards or physical fitness standards.
- f. A member may be separated for harassment of or violence against any service member.

4. **POLICY** - A member of the Armed Forces shall be separated from the Armed Forces under regulations prescribed by the Secretary of Defense if one or more of the following findings is made and approved in accordance with procedures set forth in such regulations:


a. That the member engaged in, attempted to engage in, or solicited another to engage in a homosexual act or acts unless there are further findings, made and approved in accordance with procedures set forth in such regulations, that the member has demonstrated that:

- (1) Such conduct is a departure from the member's usual and customary behavior;
- (2) Such conduct, under all the circumstances, is unlikely to recur;
- (3) Such conduct was not accomplished by use of force, coercion, or intimidation;
- (4) Under the particular circumstance of the case, the member's continued presence in the Armed Forces is consistent with the interests of the Armed Forces in proper discipline, good order, and morale; and,
- (5) The member does not have a propensity or intent to engage in homosexual acts.

b. That the member has stated he or she is a homosexual or bisexual, or words to that effect, or has made a further finding, made and approved in accordance with procedures set forth in the regulations, that the member has demonstrated that he or she is not a person who engages in, attempts to engage in, has a propensity to engage in, or intent to engage in homosexual acts.

c. That the member has married or attempted to marry a person known to be of the same biological sex.

Enter today's date, Printed Name, and Signature

DATE OF APPLICATION	NAME (Last, First, MI)	SIGNATURE
14 Jul 11	Johnson, Barry T.	
DATE OF ENLISTMENT	NAME (Last, First, MI)	SIGNATURE
DATE OF COMMISSION	NAME (Last, First, MI)	SIGNATURE

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

I. STATEMENT TO THE APPLICANT/CADET

- A. The Detachment Commander must know if you have ever been arrested, convicted, involved with law enforcement officials or authorities for him/her to determine if you meet the character requirements for membership in Air Force ROTC. It is necessary for you to report any involvement with civil, military, or school authorities/law enforcement officials **regardless of its insignificance**, disposition, or finding on the certification provided below. Include traffic violations and any incidents which resulted in your being judged a juvenile offender. A finding of not guilty or advice by an attorney, court official, or anyone else to consider your record as clear **does not** constitute authority to leave the involvement off of the certification.
- B. In the future, you must report any civil involvements to the Detachment Commander or his/her designated representatives **within 72 hours** following its occurrence. If such incidents occur during a period of leave from the institution (e.g., student teaching or foreign study), attendance at Field Training, or during normal vacation periods, the 72-hour time limit will apply effective with the official date of your return to the institution.
- C. Concealing or failing to report an involvement with civil, military, or school authorities/law enforcement officials, giving false information or claiming subsequent to initial certification that you were unaware of the contents of this document may result in elimination from consideration for membership in the Air Force ROTC program; or, if already a member, may result in your discontinuance from the Air Force ROTC program. The information reported on this certification form will be treated as confidential matter, subject to the provisions of the Privacy Act of 1974 and the Freedom of Information Act.

CERTIFICATE

Barry T. Johnson

CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. THIS CERTIFICATION INCLUDES ALL ARRESTS, DETENTIONS, CONVICTIONS, INVOLVEMENTS, ETC., THAT HAVE OCCURRED SINCE YOUR LAST REPORT (ART. 15S), OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS REGARDLESS OF DISPOSITION. THIS INFORMATION IS REQUIRED TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

VERY IMPORTANT INFO: READ IN ITS ENTIRETY

ARTI-
DING
E LISTS

II. CERTIFICATION I

TYPE OF INVOLVEMENT / ORIGINAL CITATION	DATE OF INVOLVEMENT	NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT	DISPOSITION/FINDING AND SENTENCE
None			

IF YOU HAVE NO CIVIL INVOLVEMENTS, FILL OUT AS "NONE". IF YOU HAVE ANY CIVIL INVOLVEMENTS, USE THE NEXT PAGE AS AN EXAMPLE

DO NOT FILL IN THIS AREA

DO NOT FILL IN THIS AREA

SIGNATURE OF CADET	DATE
<u>Barry T. Johnson</u>	<u>14 Jul 11</u>

REMARKS/COMMENTS

SIGN AND PUT CURRENT DATE

DO NOT FILL IN THIS AREA

FOR OFFICIAL USE ONLY (When filled in)

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

STATEMENT TO THE APPLICANT/CADET

- A. The Detachment Commander must know if you have ever been arrested, convicted, involved with law enforcement officials or authorities for him/her to determine if you meet the character requirements for membership in Air Force ROTC. It is necessary for you to report any involvement with civil, military, or school authorities/law enforcement officials **regardless of its insignificance**, disposition, or finding on the certification provided below. Include traffic violations and any incidents which resulted in your being judged a juvenile offender. A finding of not guilty or advice by an attorney, court official, or anyone else to consider your record as clear **does not** constitute authority to leave the involvement off of the certification.
- B. In the future, you must report any civil involvements to the Detachment Commander or his/her designated representatives **within 72 hours** following its occurrence. If such incidents occur during a period of leave from the institution (e.g., student teaching or foreign study), attendance at Field Training, or during normal vacation periods, the 72-hour time limit will apply effective with the official date of your return to the institution.
- C. Concealing or failing to report an involvement with civil, military, or school authorities/law enforcement officials, giving false information or claiming subsequent to initial certification that you were unaware of the contents of this document may result in elimination from consideration for membership in the Air Force ROTC program; or, if already a member, may result in your discontinuance from the Air Force ROTC program. The information reported on this certification form will be treated as confidential matter, subject to the provisions of the Privacy Act of 1974 and the Freedom of Information Act.

CERTIFICATE

Barry T. Johnson

CERTIFY THAT THE INFORMATION
FICATIONS INCLUDES ALL ARRESTS, DETENTIONS, CONVICTIONS, INVOLVEMENTS, ETC., THAT I HAVE
ART. 15S), OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS REGARDLESS OF DISPOSITION
ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**VERY
IMPORTANT
INFO: READ IN
ITS ENTIRETY**

CERTI-
JDING
THE LISTS

II. CERTIFICATION I

TYPE OF INVOLVEMENT / ORIGINAL CITATION	DATE OF INVOLVEMENT	NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT	DISPOSITION/FINDING AND SENTENCE
Speeding Ticket 75 in a 65 mph zone	1 Jun 11	Las Vegas Metro PD	PAID \$200 fine

FILL OUT ANY CIVIL INVOLVEMENT(S) YOU HAVE TO DATE. INCLUDE TYPE AND DATE OF INVOLVEMENT, ARRESTING AUTHORITY, AND DISPOSITION (IF DISPOSITION IS PENDING, ANNOTATE AS SUCH)

DO NOT FILL IN THIS AREA

DO NOT FILL IN THIS AREA

SIGNATURE OF CADET	DATE
<u>Barry T. Johnson</u>	<u>14 Jun 11</u>

**SIGN AND PUT
CURRENT DATE**

DO NOT FILL IN THIS AREA

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) Johnson, Barry T.		2. SSN 012-34-5678	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR		b. REPORTING UNIT CODE/DUTY STATION AFROTC Det 004	
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) N/A		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER N/A	
<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
5. CHILDREN	a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)
	N/A		
6a. FATHER NAME (Last, First, Middle Initial) Johnson, Timothy R.	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 1313 Mockingbird Ln Henderson, NV 89183 (702) 123-4567		
7a. MOTHER NAME (Last, First, Middle Initial) Johnson, Stephanie L.	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER Same as Block 6b		
8a. DO NOT NOTIFY DUE TO ILL HEALTH N/A	b. NOTIFY INSTEAD N/A		
9a. DESIGNATED PERSON(S) (Military only) N/A	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER N/A		
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) N/A			

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
Stephanie L. Johnson Aaron C. Johnson	Mother Brother	Same as Block 6B 1234 Main St Gary IN 24786	50% 50%
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
Stephanie L. Johnson (Mother)	Same as Block 6B		100%
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIONSHIP	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER		
Stephanie L. Johnson (Mother)	Same as Block 6B		

14. CONTINUATION/REMARKS

N/A

LEAVE BLANK

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.

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.

**STATEMENT OF UNDERSTANDING
AIR FORCE ROTC DEPENDENCY POLICY**

I have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

a. (Non-contract Cadet) If I become/am unmarried (to include a common-law spouse) or marry to a military member, and I have legal or physical custody of any person incapable of self-care; or, married to a civilian spouse and wish to enlist in the pay grade of E-3 or lower and have legal or physical custody of two or more family members incapable of self-care, I do not meet Air Force enlistment standards. In such a case, I will be released from the AFROTC program. NO waivers are authorized.

b. (Contract Cadet) If I am unmarried (to include a common-law spouse) or married to a military member (including another contract AFROTC cadet), and become responsible for a family member or family members; or, married to a civilian spouse and enlisted in the pay grade E-3 or lower and have legal or physical custody of two or more family members incapable of self-care (through birth, marriage, court determination of parental or guardianship responsibility, divorce, or other means), I can continue in AFROTC only if granted a waiver by HQ AFROTC/RRFP. I must create an adequate family care plan in accordance with Air Force Instruction 36-2908. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will be subject to termination of my scholarship benefits.

MARK APPLICATION BOX

Certification Reason	Certification Reason	Certification Reason	Certification Reason
Application <input checked="" type="checkbox"/> Enlistment <input type="checkbox"/> Commissioning <input type="checkbox"/> Dependency Status Chg <input type="checkbox"/>	Application <input type="checkbox"/> Enlistment <input type="checkbox"/> Commissioning <input type="checkbox"/> Dependency Status Chg <input type="checkbox"/>	Application <input type="checkbox"/> Enlistment <input type="checkbox"/> Commissioning <input type="checkbox"/> Dependency Status Chg <input type="checkbox"/>	Application <input type="checkbox"/> Enlistment <input type="checkbox"/> Commissioning <input type="checkbox"/> Dependency Status Chg <input type="checkbox"/>
<div style="border: 2px solid red; padding: 5px;"> <u>14 JUL 11</u> Date </div>	_____ Date	_____ Date	_____ Date
<div style="border: 2px solid red; padding: 5px;"> <u>Barry T. Johnson</u> Cadet Printed Name </div>	_____ Cadet Printed Name	_____ Cadet Printed Name	_____ Cadet Printed Name
<div style="border: 2px solid red; padding: 5px;"> <u>Barry T. Johnson</u> Cadet Signature </div>	_____ Cadet Signature	_____ Cadet Signature	_____ Cadet Signature
_____ Cadre Printed Name	_____ Cadre Printed Name	_____ Cadre Printed Name	_____ Cadre Printed Name
_____ Cadre Signature	_____ Cadre Signature	_____ Cadre Signature	_____ Cadre Signature

CURRENT DATE,
PRINTED NAME, &
SIGNATURE

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME Barry T. Johnson 2. AFROTC DETACHMENT DET 004

MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards located below.
AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW 1308.3, then check the applicable block

3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT
4. AIR FORCE WEIGHT STANDARDS <i>Reference Tables on Page 2</i>	MINIMUM	MAXIMUM
5. BODY FAT MEASUREMENT MALES: WAIST - NECK FEMALES: WAIST + HIP - NECK	<i>Note: To be done if candidate</i>	
AIR FORCE BODY FAT STANDARDS	FEMALE 29 YEARS AND YOUNGER - 28% 30 YEARS AND OLDER - 32%	MALE 29 YEARS AND YOUNGER - 20% 30 YEARS AND OLDER - 24%

PRINT NAME

TYPE DET 004

6. CHECK APPLICABLE BOX

IS WITHIN AIR FORCE WEIGHT STANDARDS

EXCEEDS AIR FORCE WEIGHT STANDARDS

IS BELOW AIR FORCE WEIGHT STANDARDS

MEDICAL AUTHORITY CERTIFICATION

7. (FOR MEDICAL AUTHORITY): PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN AT THE BOTTOM.

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

8. (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 ANOREXIA OR BULIMIA EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____ (Medical Authority Initials)

9. (FOR CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)

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

10. (FOR ALL)

I FOUND / DID NOT FIND (please circle one) MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM.

11. NOTE: IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN.

NOTE: HIGH SCHOOL SCHOLARSHIP WINNERS ARE NOT REQUIRED TO FILL OUT THIS FORM. FOR ALL OTHERS YOU ARE REQUIRED TO FILL OUT THIS FORM. THIS FORM WILL NEED TO BE COMPLETED & SIGNED BY A PHYSICIAN PRIOR TO PARTICIPATING IN ANY PHYSICAL FITNESS ACTIVITIES.

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE	EXAMINATION DATE

MAXIMUM AND MINIMUM AIR FORCE ALLOWABLE WEIGHT STANDARDS

TABLE 1. MAXIMUM ALLOWABLE WEIGHTS FOR BMI OF 27.5 (REGARDLESS OF AGE) (58 - 80 INCHES)

HEIGHT (INCHES)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
MAXIMUM WEIGHT (POUNDS)	131	136	141	145	150	155	160	165	170	175	180	186	191	197	202	205	214	220	225	231	237	244	250

TABLE 2. MINIMUM ALLOWABLE WEIGHTS FOR BMI OF 19.0 (58 - 80 INCHES)

HEIGHT (INCHES)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
MAXIMUM WEIGHT (POUNDS)	91	94	97	100	104	107	110	114	117	121	125	128	132	136	140	144	148	152	156	160	164	168	172

AFROTC PHYSICAL HEALTH SCREENING QUESTIONNAIRE

TO THE CADET: IT IS MANDATORY YOU COMPLETE THIS QUESTIONNAIRE PRIOR TO AND DURING YOUR PARTICIPATION IN THE AIR FORCE RESERVE OFFICER TRAINING CORPS (AFROTC) CADET PHYSICAL TRAINING (PT) PROGRAM.

INSTRUCTIONS

1. IF YOU ARE STARTING THE PT PROGRAM, PRINT TODAY'S DATE UNDER THE COLUMN MARKED "FIRST PT ACTIVITY." IF YOU ARE TAKING A PHYSICAL FITNESS ASSESSMENT (PFA), AND/OR QUALITY FITNESS REVIEW (QFR), CIRCLE THE APPLICABLE ACTIVITY IN THE "PFA/QFR" COLUMN AND PRINT TODAY'S DATE UNDERNEATH.
2. REVIEW EACH QUESTION AND CIRCLE "YES" OR "NO" AS APPLICABLE TO YOUR SITUATION.
3. DATE, PRINT YOUR NAME, AND SIGN AT THE BOTTOM IN THE AREA APPLICABLE TO YOUR SITUATION.
4. RETURN THE COMPLETED QUESTIONNAIRE TO YOUR DETACHMENT CADRE. PLEASE ADVISE THE CADRE IF YOU RESPONDED "YES" TO ANY OF THE QUESTIONS BELOW. ANY "YES" ANSWERS WILL REQUIRE A CONSULTATION WITH A HEALTH CARE PROVIDER BEFORE PARTICIPATING IN ANY PHYSICAL TRAINING ACTIVITIES.
5. YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE **NLT 72 HOURS PRIOR** TO YOUR INITIAL PT ACTIVITY, PFA, OR QFR.

QUESTION	FIRST PT ACTIVITY DATE <u>27 Aug 11</u>	PFA/QFR DATE _____
1. HAS THERE BEEN ANY SIGNIFICANT CHANGE TO YOUR HEALTH IN THE PAST 6 MONTHS?	YES - <input checked="" type="radio"/> NO	YES - NO
2. ARE YOU CURRENTLY ON A MEDICAL PROFILE EXEMPTING YOU FROM ANY COMPONENT OF THE PT ACTIVITIES?	YES - <input checked="" type="radio"/> NO	YES - NO
3. HAS A PHYSICIAN EVER INDICATED YOU HAVE HEART DISEASE OR HEART TROUBLE?	YES - <input checked="" type="radio"/> NO	YES - NO
A. DO YOU SUFFER FROM PAINS IN YOUR CHEST, ESPECIALLY WITH PHYSICAL ACTIVITY?	YES - <input checked="" type="radio"/> NO	YES - NO
B. DO YOU FEEL FAINT OR HAVE DIZZY SPELLS?	YES - <input checked="" type="radio"/> NO	YES - NO
4. HAVE YOU BEEN DIAGNOSED OR EXPERIENCED ANY OTHER MEDICAL CONDITION?	YES - <input checked="" type="radio"/> NO	YES - NO
5. HAVE YOU EXPERIENCED A WEIGHT CHANGE GREATER THAN 9 POUNDS IN THE PAST 6 MONTHS?	YES - <input checked="" type="radio"/> NO	YES - NO
A. IF "YES", INDICATE THE ESTIMATED AMOUNT GAINED OR LOST: _____ LBS.		
6. HAVE YOU EVER BEEN DIAGNOSED OR DISPLAYED SYMPTOMS OF HEAT STRESS?	YES - <input checked="" type="radio"/> NO	YES - NO
7. FEMALES ONLY: ARE YOU PREGNANT OR DO YOU THINK YOU MAY BE PREGNANT?	YES - <input checked="" type="radio"/> NO	YES - NO
8. ARE YOU CURRENTLY TAKING ANY SUPPLEMENTS OR MEDICATION, WHICH CONTAIN ANY OF THE FOLLOWING SUBSTANCES: EPHEDRA/EPHEDRINE, GUARANA, PHENYLEPHRINE, PSEUDOEPHEDRINE?	YES - <input checked="" type="radio"/> NO	YES - NO

CIRCLE "YES" OR "NO"

PRINTED NAME & SIGNATURE

A. IF YOU ANSWER "YES", LIST THE ITEMS BELOW AND STATE THE LAST TIME YOU TOOK THAT SUPPLEMENT OR MEDICATION.

FIRST PT ACTIVITY

DATE _____

PRINT NAME

Barry T. Johnson

SIGNATURE

Barry T. Johnson

PFA/QFR

DATE _____

PRINT NAME _____

SIGNATURE _____

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

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

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

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

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

3. ROUTINE USES

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

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

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

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

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

**SIGNATURE, SSAN,
& CURRENT DATE**

SIGNATURE OF PATIENT OR SPONSOR

Barry T. Johnson

SSN OF MEMBER OR SPONSOR

012-34-5678

DATE

14 JUL 11

USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

(This form is subject to the Privacy Act of 1974, Use AF Form 883)

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 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: The intoxicating products of the hemp plant, to include hashish and all natural derivatives of cannabis sativa.

SUPPLIER, DISTRIBUTOR or TRAFFICKER: One who illegally, wrongfully, or improperly delivers any of the drugs defined above to the possession of another. This includes the actual, constructive, or attempted transfer of an item, whether or not an agency relationship exists. This also includes the cultivation or manufacture of any drug described above.

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.	BTJ	
Have you ever used or experimented with marijuana? (<i>Prior marijuana use may render you ineligible for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent on marijuana. Preservice marijuana use may render you ineligible for enlistment or appointment, unless adversely adjudicated for marijuana</i>)		BTJ
Have you ever experimented with, used, or possessed any illegal drug?		BTJ
Have you ever been a supplier or distributor of or a trafficker in any illegal drug or narcotics?		BTJ
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		BTJ
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		BTJ

PLEASE ENSURE YOU UNDERSTAND ALL DEFINITION BEFORE FILLING OUT

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.	BTJ
Service in the United States Air Force places me in a position where any drug use (<i>including marijuana</i>) or any alcohol abuse after this date will be considered evidence of my inability to meet the requirements of the Air Force. Therefore, any drug use (<i>including marijuana</i>) or any alcohol abuse while a member of the Air Force, and reporting the same to the appropriate authority, renders me ineligible for the Air Force.	BTJ
Drug and alcohol abuse by members of the U.S. Air Force is prohibited. I understand that drug and alcohol abuse is not 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.	BTJ
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.	BTJ

INITIALS ONLY; ANSWER EACH BOX TRUTHFULLY

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.

LEAVE BLANK. THIS WILL BE FILLED OUT AT THE ROTC DETACHMENT