

Air Force ROTC Application Guide

SPRING 2022



AFROTC Detachment 330

301-314-7643

www.afrotc.umd.edu

afrotcdet330@umd.edu

**University of Maryland – College Park
4490 Rossborough Ln,
College Park, MD 20742**

Welcome to Det 330!

“Old Line, Strong Line!”

Air Force ROTC Detachment 330’s Cadre and Cadets are pleased to welcome you as a new applicant to become a Cadet! You are embarking on a challenging and rewarding journey that will prepare you to commission as a Second Lieutenant in the world’s greatest Air Force and Space Force. Through this journey, you will have many valuable experiences and make lifelong friendships.

This guide details every step you need to apply for the ROTC. If you take the time to read it, you will be off to a great start at Det 330. Please reference our [Frequently Asked Questions section of our website](#) if you get stuck. If you still have questions, please contact us.

The Deadline to apply for AFROTC at Det 330 is 24 January 2022.

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AFROTC Det 330 Requirements

GENERAL QUALIFICATIONS

- Enrolled in an accredited college that hosts or has a crosstown agreement with an Air Force ROTC detachment
- United States citizen or actively pursuing citizenship which can be obtained by commissioning date
- Be in good academic standing (2.0+ GPA)
- In good physical condition
- Of good moral character
- 14 years or older (17 years old to receive a scholarship)
- Committed to attending Air Science class(es) and Leadership Lab each semester until graduation

ROTC is designed to be a 4-year college undergraduate degree program, with a few exceptions. No matter what year, you must be a full-time student as determined by your college or university: Undergraduate - 12hrs/semester and Graduate - 9hrs/semester.

The following student classifications qualify:

- Undergraduate Freshman with 4+ yrs until graduation
- Undergraduate Sophomore with 3+ yrs until graduation
- First Year Graduate student in a 3-year program

Freshmen are classified as AS100s and may start in the Fall or the Spring. If beginning in the Spring, AS100s must subsequently take the Fall terms of the 1st and 2nd year simultaneously. **Sophomores** and **Three-Year Graduate students** are classified as AS250s and must begin in the Fall term. Unfortunately, **neither** can begin in the Spring. To make up the first missed year, the 1st and 2nd year courses must be taken simultaneously for the Fall and Spring Terms. Two-Year Graduate programs do not qualify.

You do NOT have to have a passing physical fitness score to qualify, but you must receive medical approval to participate in physical activity.

If you do not qualify, you can still commission through [Officer Training School](#).

If you are Prior Service, no matter what branch, please see the "[Enlisted Programs](#)" section.

Qualifying Colleges and Universities

Det 330 has the distinct privilege of being a “crosstown detachment.” While University of Maryland – College Park is the host institution, we have cadets from 20 other schools across Maryland, Northern Virginia, and West Virginia. As of November 2021, we are the largest detachment in the AFROTC Northeast Region, and 6th largest in the country!

You must be a student at one of the institutions below to participate at Det 330:

Anne Arundel Community College (CC)

Bowie State University

College of Southern Maryland

Embry-Riddle Aero University (Joint-Base Andrews, MD)

Frederick CC

George Mason University

Goucher College

Johns Hopkins University

Loyola University Maryland

Montgomery College

Northern Virginia CC

Notre Dame of Maryland

Prince George’s CC

Shepherd University

Stevenson University

Towson University

University of Maryland (UM) – College Park

UM Baltimore

UM Baltimore County

UM Global Campus

University of Baltimore

Det 330 Application Process

The Application Process has two parts: Applying for ROTC and Registering for Classes. You must fully complete both to be considered a cadet.

PART 1 - Apply For ROTC

Step 1: Create a WINGS account. [WINGS Home Portal](#) is the official AFROTC application. From the home page, click “Apply for AFROTC” under the ROTC section.

Step 2: Complete required sections and forms. Answer the application questions and questionnaire. You will need to fill out, print, sign with a wet signature, and re-upload the following forms:

1. Sports Physical Documentation (Form 28)
2. Emergency Data Card (DD Form 93)
3. Privacy Act Statement
4. Health Records Release (DD Form 2005)
5. Drug Demand Reduction Release (Memo Subject: Memorandum of Understanding for Drug Testing Policy)
6. Mail Access Authorization
7. Release of Student Records (Memo Subject: Request and Consent for Release of Student Records)

More detailed instructions on each form are under the Required Forms section. Parents or Guardians may sign as a witness. Notaries are not required unless a witness cannot be furnished.

Step 3: Register for an Application Session and New Student Orientation (NSO). It is mandatory to attend the Spring Application Session on **13 January 2022, in the Reckord Armory, Room 0126, 4490 Rossborough Ln, College Park, MD 20742.** [Register here.](#) NSO will be 22 January 2022 from 8am-12pm in the same location. For both the Application Session and New Student Orientation, please wear business casual with a tucked in collared shirt, khakis, black/brown belt, and closed toe shoes. A black or dark jacket may be worn as well.

It is **MANDATORY** to bring **ALL** the following items to the Application Session:

1. Government Photo ID (i.e., driver’s license, passport, etc.)
2. SAT/ACT scores (if you have them, collegeboard.com print out is fine)
3. Transcripts from any college credit received (need official transcripts, do not need IB or AP scores).

-
4. Birth Certificate/Naturalization Certificate (bring BOTH original and copy)
 5. Social Security Card (bring BOTH original and copy)
 6. Selective Service Number (males only, bring copy, <https://www.sss.gov/RegVer/wfVerification.aspx>)
 7. DD Form 214 (prior service members only)

***Note: If you are having issues with the site and/or uploading these forms be sure to 1) use Internet Explorer, 2) disable pop-up blocker, and 3) clear your browser cache.*

The Deadline to apply for AFROTC at Det 330 is 24 January 2022.

PART 2 – Register For Air Science Classes

All cadets must register for Air Science (ARSC) courses at University of Maryland (UMD) and should expect to attend in-person. No virtual options exist for UMD classes.

Freshmen in the Spring must register for **ARSC 101 and ARSC 059**.

There are multiple sections of ARSC 101, so make sure you register for the section that best fits **your** schedule. We highly recommend crosstown cadets register for the Thursday sections to limit driving to UMD once a week. Most other ROTC requirements can be completed on Thursdays, such as physical training, mentoring sessions, and other projects.

The course catalog for dates and times is located here.

<https://app.testudo.umd.edu/soc/202201/ARSC>

There are 4 separate processes to register based on which institution you attend. Pay very close attention to your school's process! If you run into issues with registration, please contact your respective registrar. The ROTC Detachment does not have any influence over the course registration process.

University of Maryland Students:

If you attend UMD – College Park, you will register for classes through Testudo as you would all your other classes.

George Mason University Students (DC Consortium Process):

If you attend GMU, you will register for classes through the D.C. Consortium (con-SOR-shum) process. You must complete the [Consortium Registration Form](#), and submit it to the [GMU Consortium Coordinator](#).

George Mason Consortium Coordinator

(703) 993-2000

gmucons@gmu.edu

University of Maryland D.C. Consortium Coordinator

1113 Clarence M. Mitchell, Jr. Building

7999 Regents Drive

College Park, Maryland 20742

Phone: 301-314-8262

Email: dcconsortium@umd.edu

Interinstitutional Students (Inter-institutional Process):

Follow this process **ONLY** if you attend one of the following institutions:

Bowie State University

Towson University

University of Baltimore

University of Maryland at Baltimore

University of Maryland, Baltimore County

Contact your registration office and ask to speak to the Inter-institutional Registration Coordinator. They will help you with the paperwork. Fill out the [Interinstitutional Form](#) and Transcript Request Form. This is

University of Maryland Inter-institutional Coordinator

1113 Mitchell Building

Phone: (301) 314-8255

Email: interinstitutional@umd.edu

Crosstown Students (Crosstown process):

Follow these instructions **ONLY** if you attend one of the following institutions:

Anne Arundel Community College (CC)

College of Southern Maryland

Embry-Riddle Aero University (Andrews)

Frederick CC

Goucher College

Johns Hopkins University

Loyola University Maryland

Montgomery College
Northern Virginia CC
Notre Dame of Maryland
Prince George's CC
Shepherd University
Stevenson University
UM Global Campus

1. Complete the [Crosstown ROTC Registration Form](#). Read the instructions carefully. If you do not put your section number in Section 11, they will not register you.
2. Complete the [UMD Official Transcript Request](#). Note: this is your request TO UMD for them to send your transcript TO YOUR HOME COLLEGE after you complete the courses for which you are registering. If this is your first time registering, do not worry about your student identification # (SID) because you do not have one yet. Also, do not worry about the Date(s) Degree(s) awarded section. Simply sign, write you're the mailing address for your home college registration office (e.g., AACC, NOVA, etc).
3. Visit an academic advisor or counselor at your home college. Request 1) a Letter of Enrollment Verification, and 2) a letter of permission to enroll at UMD***.

***Some advisors may combine these two requirements into a single letter or have standard forms in lieu of these. Both are acceptable. NOVA does not provide a letter of permission to enroll, which is acceptable. Each school has its own processes.

4. Once you have all 4 forms (or 3 if a NOVA student), make copies and submit them to the UMD Registrar's Office. The Det will not accept these forms. You can walk them into the office (preferred), fax or email them. The office information is listed below:

1113 Mitchell Bldg.
College Park, MD 20742
Fax: 301.314.9568
Email: interinstitutional@umd.edu

If you have further questions on the registration process, please contact your respective Registrar's Office.

DET 330 Quick Application Guide

Use this as a supplemental checklist to the more detailed application process in this guide once you've read and understand all the requirements.

1. Create a [WINGS account](#).
2. Complete all the forms and sign with a wet signature.
 - a. Sports Physical Documentation (Form 28)
 - b. Emergency Data Card (DD Form 93)
 - c. Privacy Act Statement
 - d. Health Records Release (DD Form 2005)
 - e. Drug Demand Reduction Release (Memo Subject: Memorandum of Understanding for Drug Testing Policy)
 - f. Mail Access Authorization
 - g. Release of Student Records (Memo Subject: Request and Consent for Release of Student Records)
3. Sign up for an [Application Session and NSO](#). Collect the following documents for the Application Session:
 - a. Government Photo ID (i.e., driver's license, passport, etc.)
 - b. SAT/ACT scores (if you have them, collegeboard.com print out is fine)
 - c. Official Transcripts from any college credit received (do not need IB or AP scores).
 - d. Birth Certificate/Naturalization Certificate (BOTH original and copy)
 - e. Social Security Card (BOTH original and copy)
 - f. Selective Service Number (males only)
 - g. DD Form 214 (prior service members only)
4. Register for ARSC 101 and ARSC 059 for Spring 2022
 - a. UMD: Use Testudo
 - b. GMU: Follow [Consortium Process](#)
 - c. UMD System schools: follow [Interinstitutional Process](#)
 - d. All other schools: follow [Crosstown Registration Process](#)

Enlisted Commissioning Programs

For Prior Enlisted, regardless of your branch, **Thank You for Your Service**, and interest to continue serving in a new capacity. Several programs are available for Active Duty Enlisted members. AF MANUAL 36-2032, Ch. 10.6 details all the different programs below as well as the requirements:

Airman Scholarship & Commissioning Program (ASCP)
Scholarships for Outstanding Airmen to ROTC (SOAR)
Professional Officer Corps-Early Release Program (POC-ERP)
Senior Leader Enlisted Commissioning Program (SLEC-P)*

If selected for the above programs, you may qualify to have the first 2 years of ROTC waived following an interview with the Det. You will be required to complete an interview with the Detachment Commander, present your transcript, last 5 performance reports, most recent PT test scores, attend Field Training, and complete 2 years as an upper-class cadet. *We cannot guarantee billets are available in your current AFSC/MOS.* However, you can still request it during AFSC selection. Competitive applicants to this program have a 3.5+ GPA, 95+% PT score, and strong push statements on their performance reports.

If you already separated, do not qualify for the above programs, or have 3+ years remaining in your degree, you will be classified as an AS250. You will follow the 3-year program track outlined for sophomores and graduate students.

*SLECP (AFMAN 36-2032 10.10): This is the only program that allows you to remain on Active Duty while pursuing a Commission. You are not required to attend ROTC classes, and will only be administratively assigned to the Det. You will go to OTS upon degree completion. This is the most competitive as it requires senior level endorsement. Applications are typically due Jun-Aug. Please inquire within your Squadron for more details.

Det 330 is also proud to host a Mustang organization within its Wing structure. Designed for Prior Service, Mustangs will help integrate you into the Wing, catch you up on Air and Space Force lingo if you're coming from another service, and empower you to mentor the other traditional cadets.

Required Application Forms

As you complete the forms on WINGS, you may have questions about how to fill them out. This section contains examples of every form with Cadet Wayne. Below are the purposes of each form:

- a. **Sports Physical Documentation (Form 28):** allows you to participate in physical fitness activities
- b. **Emergency Data Card (DD Form 93):** puts your emergency contacts on ROTC record
- c. **Privacy Act Statement:** establishes ROTC will maintain the privacy of your information
- d. **Health Records Release (DD Form 2005):** allows ROTC to view medical records, such as Form 28
- e. **Drug Demand Reduction Release:** consent to random urinalysis throughout ROTC program
- f. **Mail Access Authorization:** enables ROTC to receive and send correspondence on your behalf
- g. **Release of Student Records:** allows ROTC access to transcripts and other academic information

Applicants can complete all forms on their own with a few exceptions. Any section requiring a witness signature can be signed by a parent or guardian. Notaries are not required unless a witness is unavailable. The Form 28 Sports Physical must be completed and signed by a doctor or medical professional stating you are fit for physical activity. If you have a temporary ailment or injury, the doctor must annotate your expected recovery date.

If you have questions on how to complete a form, please refer to the examples in this packet. If you have further questions, please contact the Detachment for assistance.

APPLICATION FOR AFROTC MEMBERSHIP

OMB No. 0701-0105
Expires 20070531

(Please read Privacy Act Statement on reverse before completing this form.)

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, (0701-0105), 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number. **Please DO NOT RETURN your form to the above address. Return completed form to your AFROTC detachment.**

I. GENERAL MILITARY COURSE/PROFESSIONAL OFFICER COURSE/COLLEGE SCHOLARSHIP PROGRAM APPLICANT DATA

| | | | |
|---|--|----------------------------------|--|
| NAME (Last, First, Middle Initial) Wayne, Bruce, T. | SOCIAL SECURITY NUMBER 123-45-6789 | DATE OF BIRTH 19900101 | GENDER <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE |
|---|--|----------------------------------|--|

| | | | | | | |
|--------------------------------|--|-----------------------------------|--|---|-----------------------------------|---|
| ETHNIC GROUP | | | | | | |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE | <input type="checkbox"/> HAWAIIAN | <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN | <input checked="" type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN | <input type="checkbox"/> HISPANIC | <input type="checkbox"/> DECLINE TO RESPOND |

| | | |
|---|--|----------------------------------|
| MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED | PLACE OF BIRTH (City/State) City, ST | NUMBER OF DEPENDENTS 0 |
|---|--|----------------------------------|

| | | |
|---|--|---|
| COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN) University of Maryland | PROJECTED GRADUATION DATE 2025 | ACADEMIC MAJOR Criminal Justice |
|---|--|---|

| | |
|---|--|
| PERMANENT MAILING ADDRESS (Street, City, State, ZIP Code, and Telephone Number and E-mail Address) 123 Batcave Street Gotham, MD 12345 (123) 456 7890 Dark.Knight@gmail.com | IN CASE OF EMERGENCY CONTACT Alfred Pennyworth |
|---|--|

| | |
|---|---|
| CURRENT MAILING ADDRESS (Dorm, Room, Telephone Number, Street, City, State, and ZIP Code) Same as above | TELEPHONE NUMBER EMERGENCY CONTACT (Include Area Code) (123) 456-7890 |
|---|---|

| | | | |
|--|---|---|---|
| SELECTIVE SERVICE NUMBER (Males Only) 12 34 56 789 | BACKGROUND EXPERIENCE | | |
| | JUNIOR ROTC <input checked="" type="checkbox"/> NONE <input type="checkbox"/> 3-YEAR <input type="checkbox"/> 1-YEAR <input type="checkbox"/> 4-YEAR <input type="checkbox"/> 2-YEAR | EAGLE SCOUT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CIVIL AIR PATROL AWARDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MITCHELL <input type="checkbox"/> <input type="checkbox"/> EARHART <input type="checkbox"/> <input type="checkbox"/> SPAATZ <input type="checkbox"/> |
| BRANCH OF SERVICE: HS Bmw | | | |

| | | | | | | | |
|--|----------------------------------|--|------------------|--------------------------------------|-----------------------------------|---|--------------------------------------|
| MILITARY SERVICE OF PARENT OR GUARDIAN | | | | CURRENT STATUS OF PARENT OR GUARDIAN | | | |
| <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> MARINES | <input type="checkbox"/> COAST GUARD | YEARS OF SERVICE | HIGHEST GRADE | <input type="checkbox"/> CIVILIAN | <input type="checkbox"/> RETIRED MILITARY | <input type="checkbox"/> ACTIVE DUTY |
| <input type="checkbox"/> ARMY | <input type="checkbox"/> NAVY | <input type="checkbox"/> MERCHANT MARINE | | | | | |

Are you now or have you ever been an enlisted or warrant officer of any component of the US armed forces (i.e., Reserve, USN, USAF, USMC, USA, USCG, Merchant Marine)? If yes, complete the rest of this block.

YES NO

| | | | | | |
|-------------------|--------------|------------|-------------------|-------------------------------|---------------|
| BRANCH OF SERVICE | FROM (Mo/Yr) | TO (Mo/Yr) | TYPE OF DISCHARGE | YEARS REMAINING ON ENLISTMENT | HIGHEST GRADE |
|-------------------|--------------|------------|-------------------|-------------------------------|---------------|

ANSWER THE FOLLOWING QUESTIONS (Check the applicable blocks. If yes, explain on reverse.)

| | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Have you ever applied for, been enrolled, or on contract in an Officer Training Program of the US Army, USAF, USMC, USCG, USN, Merchant Marine, or preparatory schools? (If yes, indicate in remarks where and when.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are you now, or have you ever been, a commissioned officer of any component of the armed forces (including Reserve, USAF, USN, USA, USMC, USCG, Merchant Marine)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are you now, or have you ever been, an officer of the Health Services and Mental Health Administration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Are you a U.S. Citizen? If yes, how obtained: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZED (If a naturalized citizen, or born outside of the U.S. of American parents, submit proof of citizenship. Reference AFROTCI 36-2011.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken the AFOQT? (If yes, indicate in remarks section where and when.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Have you ever had a physical for entry into the armed forces, Air Force ROTC, etc.? (If yes, indicate in remarks section where and when.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have you ever been denied enlistment into the armed forces? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Do you already have a degree (BA, BS, etc.)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you an AFROTC Scholarship Designee? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Check one) <input type="checkbox"/> 4-year <input type="checkbox"/> 3-year | | |
| 11. Are you a conscientious objector? (A conscientious objector is defined as: one who has or had a firm, fixed and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Are you now or have you ever been affiliated with any organization or movement that seeks to alter our form of government by unconstitutional means, or sympathetically associated with any such organization, movement, or members thereof? (If yes, please describe.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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.)

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

Bruce Wayne

DATE

20210101

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

Bruce Wayne

DATE

20210101

REMARKS

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.

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) <i>Wayne, Bruce, T.</i> | | 2. SSN <i>123-45-6789</i> | |
| 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 <i>AFROTC DET 330</i> | |
| 4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 5. CHILDREN a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH (YYYYMMDD) | d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 6a. FATHER NAME (Last, First, Middle Initial) <i>Wayne, Bruce</i> | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 7a. MOTHER NAME (Last, First, Middle Initial) <i>Wayne, Martha</i> | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 8a. DO NOT NOTIFY DUE TO ILL HEALTH | | b. NOTIFY INSTEAD | |
| 9a. DESIGNATED PERSON(S) (Military only) | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) | | | |

SECTION 2 - BENEFITS RELATED INFORMATION

| | | | |
|---|---|---|------------------------------|
| 11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i> Alfred Penny | b. RELATIONSHIP Guardian | c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 123 Batcave Street Gotham, MD 12345 | d. PERCENTAGE 100% |
| 12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only)</i> NAME AND RELATIONSHIP Alfred Pennyworth, Guardian | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 123 Batcave Street Gotham, MD 12345 (123) 456-7890 | | c. PERCENTAGE 100% |
| 13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIONSHIP Alfred Pennyworth, Guardian | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 123 Batcave Street Gotham, MD 12345 (123) 456-7890 | | |
| 14. CONTINUATION/REMARKS | | | |
| 15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i> Bruce Wayne | 16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i> Clark Kent TSgt | 17. DATE SIGNED <i>(YYYYMMDD)</i> 20210102 | |

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.

Attachment 11

DRUG DEMAND REDUCTION PROGRAM MOU

Figure A11.1. Drug Demand Reduction Program MOU.

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

**MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY
FOR CADETS PARTICIPATING IN SENIOR RESERVE OFFICER TRAINING CORPS
(SROTC)**

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

Bruce Wayne 20210101
Cadet Signature and Date

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

IAIN C. ANGLIN, TSgt, USAF
NCOIC, Administration Management

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://dpcl.d.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx>.

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

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

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

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

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

5. SIGNATURE OF PATIENT OR SPONSOR

Bruce Wayne

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

123-45-6789

7. DATE (YYYYMMDD)

20210101



DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

DATE: 20210101

MEMORANDUM FOR University of Maryland
(University)

1234567
(Student ID)

FROM: Cadet Bruce Wayne

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 330 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det 330 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

Bruce Wayne
(Student's Signature)

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