



AFROTC Detachment 450, Montana State University



Privacy Act Release Form

Privacy Act Statement

Authority: Title 10 U.S.C. Section 552a and 552a (k) (5) as amended, The Privacy Act of 1974.

Purpose: Used for recruiting and qualifying a candidate for acceptance as an AFROTC cadet, continuing the cadet in the program and awarding an Air Force commission.

Routine Use: In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, these records, or information contained therein, may specifically be disclosed outside the Department of Defense (DoD) as a routine pursuant to 5 U.S.C. 552a (b)(3) as follows: The Department of the Air Force "Blanket Routine use" set forth at the beginning of the Air Force's compilation of systems of records notices apply to this system.

Disclosure: Voluntary. Failure to provide the information below may hinder the cadre's ability to effectively manage your successful continuation in the AFROTC program.

1. PARENTAL/GUARDIAN CONTACT

Privacy Act of 1974, in accordance with AFI 33-332

I hereby authorize the staff of the AFROTC Detachment 450 to discuss AFROTC matters with the third parties listed below. Matters may include status and/or progress in the AFROTC program or my academic progress within the university/college. If necessary, the staff may discuss other matters they deem pertinent to my status and/or progress.

| PARENT/GUARDIAN PRINTED NAME | RELATIONSHIP |
|------------------------------|--------------|
| | |
| | |
| | |
| | |

Cadet Signature

Date (YYYYMMDD)

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 fiancée), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: **Section 1 - Emergency Contact Information** and **Section 2 - Benefits Related Information.** READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

| | | | |
|--|--|--|--|
| 1. NAME (Last, First, Middle Initial) | | 2. SSN | |
| 3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR | | | b. REPORTING UNIT CODE/DUTY STATION |
| 4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 5. CHILDREN a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH (YYYYMMDD) | d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER |
| | | | |
| | | | |
| | | | |
| | | | |
| 6a. FATHER NAME (Last, First, Middle Initial) | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | | |
| 7a. MOTHER NAME (Last, First, Middle Initial) | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | | |
| 8a. DO NOT NOTIFY DUE TO ILL HEALTH | b. NOTIFY INSTEAD | | |
| 9a. DESIGNATED PERSON(S) (Military only) | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) | | | |

SECTION 2 - BENEFITS RELATED INFORMATION

| | | | |
|---|------------------------|---|----------------------|
| 11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i> | b. RELATIONSHIP | c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | d. PERCENTAGE |
|---|------------------------|---|----------------------|

| | | |
|--|---|----------------------|
| 12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only)</i> NAME AND RELATIONSHIP | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | c. PERCENTAGE |
|--|---|----------------------|

| | |
|--|---|
| 13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIONSHIP | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER |
|--|---|

| | | |
|---------------------------------|--|--|
| 14. CONTINUATION/REMARKS | | |
|---------------------------------|--|--|

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

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

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

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

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

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

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

3. ROUTINE USES:

Information in your records may be disclosed to:

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

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

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

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

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

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

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

5. SIGNATURE OF PATIENT OR SPONSOR

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

7. DATE (YYYYMMDD)

Attachment 5

DRUG DEMAND REDUCTION PROGRAM MOU

Figure A5.1. Drug Demand Reduction Program MOU.

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

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

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

Cadet Signature and Date

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

Printed Name and Signature Witness (or Notary) and Date

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

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

Cadet Signature and Date

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

Printed Name and Signature Witness (or Notary) and Date



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

DATE: _____

MEMORANDUM FOR CADET _____

FROM: Air Force Reserve Officer Training Corps (AFROTC) Det 450

SUBJECT: Request and Consent for Release of Student Records

1. In compliance with PL 93-389, "Family Educational Rights and Privacy Act" and 10 U.S.C. 2102 et seq., your consent is required to permit the educational institution (or AFROTC Detachment 450) in which you are/were enrolled to release official copies of your transcripts of grades and/or other student records, files, or data that are a part of your student records to AFROTC and Department of Defense (DOD) agencies, as may be required by these agencies.
2. It is mutually understood that the purposes of this request for official copies of student records is necessary for AFROTC screening and evaluation of its present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of the request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC evaluation.

AFROTC Det 450 Representative

1st Ind, Cadet _____ DATE: _____

MEMORANDUM FOR AFROTC Det 450

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, his/her successor, or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

(Student's Signature)

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

Attachment:
Consent for Release of Student Records



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

DATE: _____

MEMORANDUM FOR MONTANA STATE UNIVERSITY

FROM: CADET _____

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment 450 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det 450 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

(Student's Signature)

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

RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

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

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

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

INSTRUCTIONS

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

| | | |
|--|----------------------------------|---------------------------------------|
| 1. RECRUIT/TRAINEE NAME <i>(Last, First, Middle)</i> | 2. PAY GRADE | 3. RECRUITING OFFICE/TRAINING COMMAND |
| 4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS <i>(City, State, ZIP Code)</i> | 5. DATE SIGNED <i>(YYYYMMDD)</i> | 6. SIGNATURE |

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

| | |
|---------------------------|--|
| <i>(Initial)</i> _____ | a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication. |
| _____ | b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling. |
| _____ | c. Consume alcohol with a recruiter/trainer on a personal social basis. |
| _____ | d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer. |
| _____ | e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk. |
| _____ | f. Gamble with a recruiter/trainer. |
| _____ | g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer. |
| _____ | h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer. |

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

DESCRIPTION OF EXCEPTION(S):

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

| | | | |
|--|----------|----------------------------------|-------------------|
| 10. APPROVED BY | | | |
| a. NAME <i>(Last, First, Middle Initial)</i> | b. TITLE | c. DATE SIGNED <i>(YYYYMMDD)</i> | d. SIGNATURE/RANK |
| | | | |