

# Required AFROTC In-processing Documents for SVU and W&L Cadets

Ensure you **BRING WITH YOU** the following items/documents to Matriculation and/or In-Processing:

1. **US Birth Certificate or US Passport** (*we will make our own notarized copy, we will not keep the original*)
2. **Signed Social Security Card** (*we will make our own notarized copy, we will not keep the original*)
3. **COVID-19 Vaccination Card** (*if applicable*)
4. **Selective Service Number** (*required ONLY for Males age 18 or older - register at [www.sss.gov](http://www.sss.gov)*)
5. **DD Form 2983** (*see below*)
6. **Release of Student Records** (*see below*)
7. **DD Form 2005** (*print the final 3 pages of this document and follow the included instructions carefully*)
8. **SAT and/or ACT scores** (*if applicable -unofficial copies/transcripts are acceptable*)
9. **Know the address and contact number of your parents or legal guardian**
10. **Junior ROTC, Civil Air Patrol, or Eagle Scout Certificates** (*if applicable - copies are acceptable*)
11. **AFROTC Form 28** *Print both pages of Air Force ROTC's Sports Physical and provide them to your doctor, this requires your doctor's signature.*

**NOTE: If you have a current "Qualified" DoDMERB you are exempt from providing the AFROTC Form 28**

# Why do we require these forms?

## US Birth Certificate or US Passport

*In order to earn a commission and to compete for AFROTC scholarships, we need to verify you are a US citizen. US citizenship is not required to participate in the first year of AFROTC.*

## Signed Social Security Card

*If you receive any pay entitlements as a cadet or when you enter Active Duty, we need to ensure your payments are contributing to the correct Social Security account.*

## COVID-19 Vaccination Card

*Proof of COVID-19 vaccination is necessary to participate in AFROTC summer programs and other professional development opportunities, but not required for entry into AFROTC.*

## Selective Service Number

*Registering for the Selective Service is required for males over 18 prior to completing AFROTC enrollment, and prior to contracting and competing for AFROTC in-college scholarships.*

## DD Form 2983, Release of Student Records, and DD Form 2005 (explained on the pages below)

## SAT and/or ACT scores

*Currently not required for in-college AFROTC scholarships, but this is subject to change and they have been required in the past.*

## Address and contact information for parents/guardian

*Required to complete emergency contact information paperwork.*

## Junior ROTC, Civil Air Patrol, or Eagle Scout Certificates

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## AFROTC Sports Physical Form

*This is AFROTC's Sports Physical Form. We need certification from a medical doctor that you are healthy enough to participate in the AFROTC program. As an SVU or W&L student the AFROTC Form 28 is required for participation in the AFROTC program. Without this form you cannot participate in either Leadership Lab or Physical Training, and you will be marked absent until you provide the form.*

NOTE: You are also exempt from providing the AFROTC Form 28 if you have a current "Qualified" DoDMERB.

# AFROTC Form 28 Air Force ROTC Pre-Participatory Sports Physical

Print your full name in Block 1 and enter "880" in Block 2. The remainder of the form must be completed by a medical doctor. Ensure you provide him/her both pages of the document.

**Use Black or Blue Ink Only**

**Do NOT complete the AFROTC Fm 28 if you have a current "Qualified" DoDMERB**



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

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

# DD Form 2983 Policy Regarding Cadet/Cadre Relationships

(This form is your agreement not to enter into any unprofessional relationships with any Detachment cadre members)

**Use Black or Blue Ink Only**

## 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://dpcl.o.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 (Last, First, Middle) <b>PRINT Last, First, M.</b>	2. PAY GRADE <b>Cadet</b>	3. RECRUITING OFFICE/TRAINING COMMAND <b>AFROTC DET 880</b>
4. RECRUITING OFFICE/TRAINING COMMAND <b>Lexington, VA 24450</b>	5. DATE SIGNED (YYYYMMDD) <b>2022MMDD</b>	6. SIGNATURE <b>SIGNATURE</b>

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

## RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

### PRIVACY ACT STATEMENT

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**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.

[Redacted area]

(Initial)

Initials

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.

Initials

b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.

Initials

c. Consume alcohol with a recruiter/trainer on a personal social basis.

Initials

d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.

Initials

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.

Initials

f. Gamble with a recruiter/trainer.

Initials

g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.

Initials

h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

[Redacted area]

**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):**

Initials

(Initial)

Initials

**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 (Last, F

**LEAVE SECTION 10 BLANK**

# Consent for Student Records Release

(This allows us to request your records from your University)

**Use Black or Blue Ink Only**

DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)

Release of Student Records

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

DD Month 2022

CADET NAME \_\_\_\_\_

PRINT First M. Last

1. In compliance with PL 93-389, "Family Educational Rights and Privacy Act", your consent is required to permit the educational institution or AFROTC Detachment in which you are/were enrolled to release official copies of your transcripts of grades and/or other students records, files, or data that are a part of your student records to Department of Defense (DoD) agencies, as may be required by such agencies.
2. It is mutually understood that the purpose of this request for official copies of student records is necessary for AFROTC screening and evaluation of this 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 their request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC evaluation.
3. Your signature below signifies receipt and agreement of the above statement and that you have read and understand our request for official copies of your school records. And you hereby voluntarily consent to the release of such official records as we may require in the above stated request. You therefore authorize appropriate school officials or detachment personnel to release the above requestor, their successor, or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

**SIGNATURE**

\_\_\_\_\_  
(Students Signature)

***If under age 18, parent/legal guardian sign***

\_\_\_\_\_  
(Parents Signature if student is under 18 years of age)

# DD Form 2005

## Privacy Act

# Medical Records

(This allows us to receive and maintain any medical records related to the DoDMERB process)

(DoDMERB = Department of Defense Medical Examination Review Board)

**Use Black or Blue Ink Only**

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://dpcld.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

SIGNATURE

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

XXX-XX-XXXX
9 digit SSN

7. DATE (YYYYMMDD)

2022MMDD

## RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

### PRIVACY ACT STATEMENT

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1. RECRUIT/TRAINEE NAME <i>(Last, First, Middle)</i>	2. PAY GRADE Cadet	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:

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

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

**DESCRIPTION OF EXCEPTION(S):**

(Initial) \_\_\_\_\_

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

a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. DATE SIGNED <i>(YYYYMMDD)</i>	d. SIGNATURE/RANK
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**DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)**

Release of Student Records

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

CADET NAME \_\_\_\_\_

1. In compliance with PL 93-389, "Family Educational Rights and Privacy Act", your consent is required to permit the educational institution or AFROTC Detachment in which you are/were enrolled to release official copies of your transcripts of grades and/or other students records, files, or data that are a part of your student records to Department of Defense (DoD) agencies, as may be required by such agencies.
  
2. It is mutually understood that the purpose of this request for official copies of student records is necessary for AFROTC screening and evaluation of this 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 their request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC evaluation.
  
3. Your signature below signifies receipt and agreement of the above statement and that you have read and understand our request for official copies of your school records. And you hereby voluntarily consent to the release of such official records as we may require in the above stated request. You therefore authorize appropriate school officials or detachment personnel to release the above requestor, their successor, or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

\_\_\_\_\_  
(Students Signature)

\_\_\_\_\_  
(Parents Signature if student is under 18 years of age)

## 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):

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### 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>.

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### 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.

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

7. DATE (YYYYMMDD)