

CADET INFO:

First Name

Middle Name

Last Name

Suffix

SSN

DOB

Permanent Mailing Address:

Street Address

City

State

Zip Code

Is the address above your current address (where you currently reside) is?

Yes NO

the city and state above your legal residence?

Current Mailing Address:

Street Address

City

State

Zip Code

Marital Status

Single Married Divorced Widowed

Number of Dependents

Legal Residence:

City, State

Gender:

Male

Female

Selective Service Number

School

AS Level

Degree

Parents in the U.S. Military (Past or Present)

Phone

Name

(Last, First M.I. Suffix)

Start

Date

End

Date

Branch

Status

Current/Final

Rank

Clear Form

What to Bring

Have	Missing	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFROTC Pre-Participatory Sports Physical or Certified DoDMERB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACT/SAT Score Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Original Social Security Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selective Service Number (Males only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Original/Certified Birth Certificate or Naturalization Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High School Transcripts (If you had college credits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	College Transcripts (If you're a transfer)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage License (If applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of any citations for Civil Involvements (this is any paperwork received by a Law Official [to include traffic violations]) (If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any awards received from JROTC/Civil Air Patrol/ Eagle Scouts/Girl Scouts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunizations Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's License or Gov't Issued ID

FOR CADRE USE ONLY
Completed At Detachment

Cadre:

Date:

Age: _____

Ht: _____

Signature: _____

Wt: _____