In-processing Packet Instructions
AFROTC FORMS REQUIRED FROM CADETS

- DD Form 2983 - Recruit/Trainee Prohibited Activities
- DD Form 2005 - Privacy Act Statement - Health Care Records*
- DD Form 93 - Record of Emergency Data*
- DDRP - Drug Demand Reduction Policy Statement of Understanding
- Mail Release Statement of Understanding
- MFR - Release of Student Records
- Academic Degree Plan*
- AFROTC Form 28 - ROTC Pre-Participatory Sports Physical*
  - Needed to participate in LLAB and PT
  - Not required if DODMERB is complete (HSSP or Academy Applicants)
- PTG Worksheet*

(*) Asterisk denotes important and/or helpful information is provided in this area of the slide.
**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://dpdm.defense.gov/Privacy/ORNI/index/BlanketRoutineUses.aspx](http://dpdm.defense.gov/Privacy/ORNI/index/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.

<table>
<thead>
<tr>
<th>1. RECRUIT/TRAINEE NAME (Last, First, Middle)</th>
<th>2. PAY GRADE</th>
<th>3. RECRUITING OFFICE/TRAINING COMMAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Jane P</td>
<td>Cadet</td>
<td>AFROTC, Det 630</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS (City, State, ZIP Code)</th>
<th>5. DATE SIGNED (YYYYMMDD)</th>
<th>6. SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 E. Summit St., Kent, OH 44240</td>
<td>20190723</td>
<td>Jane P. Doe</td>
</tr>
</tbody>
</table>

**NOTE:** This will be completed on annual basis.
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):**
An exception to this section is if you are related to a Det 630 cadre member. If there are no exceptions, type “None”.

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**

<table>
<thead>
<tr>
<th>a. NAME (Last, First, Middle Initial)</th>
<th>b. TITLE</th>
<th>c. DATE SIGNED (YYYYMMDD)</th>
<th>d. SIGNATURE/RANK</th>
</tr>
</thead>
</table>

Block 10 is for Cadre Use ONLY
Similar to a Privacy Act Statement you receive at a doctor’s office. Because we deal with your medical information this forms states that we will not share or disclose your medical information with anyone who does not have a need to know, and/or without your consent.
<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th>Doe, Jane P.</th>
<th>123-45-6789</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SSN</strong></td>
<td></td>
<td>AFROTC Det 630</td>
</tr>
<tr>
<td><strong>N/A or As Applicable</strong></td>
<td>Cadets Permanent Address and Phone Number</td>
<td></td>
</tr>
<tr>
<td>5. CHILDREN</td>
<td></td>
<td>6. DATE OF BIRTH</td>
</tr>
<tr>
<td>-------------</td>
<td>---</td>
<td>-----------------</td>
</tr>
<tr>
<td>a. NAME (Last, First, Middle Initial)</td>
<td>b. RELATIONSHIP</td>
<td>(YYYY/MM/DD)</td>
</tr>
<tr>
<td>Doe, Buck</td>
<td>Doe, Betty</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** ALL applicable addresses and phone numbers must be typed out, even if it’s repeated in the same block. “Same as above, same as reverse side, etc.” will not be accepted.

- Blocks 6a. - 7b. - This can also be the name of the legal guardian fulfilling the role of father or mother (i.e. grandparents, aunt/uncle, etc.). Should you not have the name and/or contact information for either of these four blocks, type “N/A.”
- Blocks 6b and 7b. - If these addresses and/or phone numbers
- Blocks 8a. - 10 - Will be “None”
DD FM 93 - Record of Emergency Data

### SECTION 2 - BENEFITS RELATED INFORMATION

<table>
<thead>
<tr>
<th>Block</th>
<th>Beneficiary(ies)</th>
<th>Relationship</th>
<th>Full Address &amp; Phone #</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a.</td>
<td>Doe, Buck</td>
<td>Father</td>
<td>Full Address &amp; Phone #</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Doe, Betty</td>
<td>Mother</td>
<td>Full Address &amp; Phone #</td>
<td>50%</td>
</tr>
<tr>
<td>12a.</td>
<td>Doe, Buck / Father</td>
<td></td>
<td>Full Address &amp; Phone #</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Doe, Buck / Father or “BY LAW”</td>
<td></td>
<td>Full Address &amp; Phone #</td>
<td></td>
</tr>
</tbody>
</table>

*NOTE: ALL applicable addresses and phone numbers must be typed out, even if it’s repeated in the same block. “Same as above, same as reverse side, etc.” will not be accepted.*

- **Block 11a., Beneficiary(ies) For Death Gratuity** - This section will be applicable when placed on orders and if cadet chose to elect for Service Member’s Group Life Insurance. In the event of a casualty, in this section you will list the names of immediate family members only who you deem as the beneficiary of the life insurance. Can also be one beneficiary.

- **Block 11d.** - Must be divided in increments of 10% but must equal to 100%.

- **Block 12a., Beneficiary(ies) For Unpaid Pay/Allowances** - In the event of a casualty, this is who you deem as the beneficiary to receive any pay (i.e. monthly stipend) and/or allowances (i.e. textbook allowance) that you physically did not receive.

- **Block 12c.** - The amount in percent.

- **Block 13a., Person Authorized to Direct Disposition** - In the event of a casualty, this is who you deem responsible for direct disposition of human remains.
- You will sign & date
- NCO will sign when the form is received
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.

NAME: Jane P. Doe

Jane P. Doe 23 July 19

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)

NCO Signs – 23 Aug 19

Printed Name and Signature Witness (or Notary) and Date

Witness - NCO signs this line when form is received.
Mail Release Statement of Understanding

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

Mail Release Statement of Understanding

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 Earning 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 your 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.

NAME: John Doe

John Doe 20190723

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)

NCO Signs – 23 Aug 19

Witness - NCO signs this line when form is received.
Release of Student Records
Statement of Understanding

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

Release of Student Records

DATE:

23 July 2019

CADET NAME

Jane P. Doe

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 student 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 discharged 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 date for their use as requested above.

Jane P. Doe

(Students Signature) (Parents Signature if student is under 18 years of age)
*IMPORTANT INFORMATION* - The academic degree plan will be certified every academic year. Any changes or alterations to Section I will require approval and a new ADP to be submitted*

Block 1 - Self-explanatory

Block 2 - Select from the drop-down the institution of primary attendance.

Block 3 - Type in your major. If you have not yet declared a major, type in “General Studies,” “Liberal Arts,” etc., - do not leave blank. NOTE: You must declare a major by

Block 4 - Self-explanatory. Sign and date.
*IMPORTANT INFORMATION* - Any changes or alterations to Section II, to include winter and/or summer classes, will require a new or updated ADP to be submitted.*

- Your institutions roadmap for your major (to include general studies) will be your guide for filling-out the remainder pages.

- Starting with the first quadrant - Use this section to list any transfer credits, or College Entrance Exam Board (CEEB) credits, that has been accepted by your institution of primary attendance (transfer credits/classes must be on your unofficial transcripts).
  
  i. Select “Xfer Credits” from the drop-down and list the classes under “Course Title.”
  
  ii. If you do not have any transfer credits, you will use the first quadrant as your FIRST college semester.

- Select from the drop-down the appropriate term and type in the year. Fill in the classes you have either already taken and/or all the classes you are projected to take until graduation.
  
  i. You must include AS-class and LLAB into the ADP.

  *ii. HSSP recipients in a non-technical major must include required classes annotated in Attachment 3 (next slide) into the ADP.

  iii. If you received a D or F in a class, you most likely won’t get credit hours for that class, but make sure you annotate that.

  *iv. You must add and reserve a Summer block exclusively for Field Training. This is typically the summer between your sophomore and junior year.

- Do not sign any portion of Section II. This will happen at a later time.

- AS250s - You do not need to do two Form 48s.
- Non-technical scholarship cadets (except nurse and foreign language majors), will complete and certify Attachment 3 every academic year.

- Advanced Placement (AP) and collegiate level courses completed during high school that are accepted by the institution will count towards this requirement. These courses must appear on your unofficial and official transcript.

- Must complete or be accredited for 4 semesters or 6 quarters of the same foreign language

  OR

Must complete or be accredited for 24 semester hours or 36 quarter hours of math, physics, chemistry, or engineering.

- Sign, print your name, and date. Cadre will sign and date one the form is received and reviewed.
- Cadets who are not yet eligible for or completed a DoDMERB physical are required to have an AFROTC Form 28 on file in order to participate in LLAB/PT.
- Physician will use the back of the AFROTC FM 28 to determine minimum, maximum, above or below weight standards.
- A sports physical will expire NLT one-year after completed/dated by the physician.
- To receive your Physical Training Gear (PTGs) this must be provided/submitted by the suspense date provided in the checklist.
<table>
<thead>
<tr>
<th>Examination Date</th>
<th>Physician or Medical Authority Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 July 2019</td>
<td>The Doctor</td>
</tr>
</tbody>
</table>

AFROTC Cadre: Review the information entered above and sign below:

<table>
<thead>
<tr>
<th>Date</th>
<th>AFROTC Cadre Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 August 2019</td>
<td>Cadre Signs</td>
</tr>
</tbody>
</table>
- To receive your Physical Training Gear (PTGs) you must provide/submit your Sports Physical and this worksheet as instructed on the checklist.

- You will receive two pairs of PTG t-shirts and PTG shorts at NCOP or upon enrolling in AFROTC.

- You will be issued the warm-up jacket and pants when the weather begins to change. However, fill out the form in its entirety.
<table>
<thead>
<tr>
<th><strong>REMINDER: DOCUMENTS</strong></th>
<th><strong>REQUIRED FROM CADETS</strong></th>
</tr>
</thead>
</table>
| **Original Birth Certificate** | • Required for verification purposes.  
  • We do not maintain the original.  
  • A copy will be made at NCOP or upon enrolling into AFROTC and will be handed right back to you. |
| **Original Social Security Card** | • Required for verification purposes.  
  • We do not maintain the original.  
  • A copy will be made at NCOP or upon enrolling into AFROTC and will be handed right back to you. |
| **Non-US Citizen** | • Must provide Permanent Resident Card  
  • A copy will be made at NCOP or upon enrolling into AFROTC and will be handed right back to you.  
  • Sign a Citizenship Statement of Understanding (will be provided to you) |
| **SAT/ACT Scores** | • Order of Merit |
| **Certificates (as applicable)** | • JROTC Certificate  
  • Civil Air Patrol  
    • Billy Mitchell Award  
    • Amelia Earhart Award  
    • Carl Spaatz Award  
  • Scouts  
    • Boy Scouts  
    • Eagle Scout  
    • Girl Scout Cadet Senior Scout with Gold Palm Award |
QUESTIONS