

## STATE OF LEGAL RESIDENCE CERTIFICATE

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Tax Reform Act of 1976, Public Law 94-455.

**PURPOSE:** Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

**ROUTINE USES:** Information herein will be furnished State authorities and to Members of Congress.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

**NAME** (*Last, first, middle initial*)

**SOCIAL SECURITY NUMBER (SSN)**

**LEGAL RESIDENCE/DOMICILE** (*City or county and State*)

### INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

<b>SIGNATURE</b>	<b>CURRENT MAILING ADDRESS</b> ( <i>Include ZIP Code</i> )	<b>DATE</b>
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## PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

**AUTHORITY:** 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

**PURPOSE:** To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

**ROUTINE USES:** This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; 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 (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; 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 IS VOLUNTARY:** However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.

# APPLICATION FOR AFROTC MEMBERSHIP

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

OMB No. 0701-0105  
Expires 20070531

*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)		SOCIAL SECURITY NUMBER			
		DATE OF BIRTH			
		GENDER			
		<input type="checkbox"/> FEMALE	<input 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 type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN			
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED		PLACE OF BIRTH (City/State)			
COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN)		PROJECTED GRADUATION DATE			
PERMANENT MAILING ADDRESS (Street, City, State, ZIP Code, and Telephone Number and E-mail Address)		IN CASE OF EMERGENCY CONTACT			
		TELEPHONE NUMBER EMERGENCY CONTACT (Include Area Code)			
BACKGROUND EXPERIENCE					
CURRENT MAILING ADDRESS (Dorm, Room, Telephone Number, Street, City, State, and ZIP Code)		JUNIOR ROTC	EAGLE SCOUT	CIVIL AIR PATROL AWARDS	
		<input type="checkbox"/> NONE <input type="checkbox"/> 3-YEAR	<input type="checkbox"/> YES <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> 1-YEAR <input type="checkbox"/> 4-YEAR	<input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> MITCHELL <input type="checkbox"/>	
SELECTIVE SERVICE NUMBER (Males Only)		BRANCH OF SERVICE:		<input type="checkbox"/> EARHART <input type="checkbox"/>	
<input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD <input type="checkbox"/> CIVILIAN		<input type="checkbox"/> NAVY <input type="checkbox"/> MERCHANT MARINE <input type="checkbox"/> RETIRED MILITARY		<input type="checkbox"/> ACTIVE DUTY	
MILITARY SERVICE OF PARENT OR GUARDIAN					
CURRENT STATUS OF PARENT OR GUARDIAN					
Are you now or have you ever been an enlisted or warrant officer of any component of the US armed forces (i.e., Reserve, USAF, USAF, USMC, USA, USCG, Merchant Marine)? If yes, complete the rest of this block.					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
ANSWER THE FOLLOWING QUESTIONS (Check the applicable blocks. If yes, explain on reverse.)					
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 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 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 type="checkbox"/>					
4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?					
<input type="checkbox"/> <input type="checkbox"/>					
5. Are you a U.S. Citizen? If yes, how obtained: <input 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 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 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 type="checkbox"/>					
8. Have you ever been denied enlistment into the armed forces?					
<input type="checkbox"/> <input type="checkbox"/>					
9. Do you already have a degree (BA, BS, etc.)?					
<input type="checkbox"/> <input type="checkbox"/>					
10. Are you an AFROTC Scholarship Designee? <input 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 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 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

DATE

## 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

DATE

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.

## RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES

1. Military life is fundamentally different from civilian life. The military has its own laws, rules, customs, and traditions, including numerous restrictions on personal behavior, that would not be acceptable in civilian society. These are necessary because military units and personnel must maintain the high standards of morale, good order, discipline, and unit cohesion that are essential for combat effectiveness.
2. The Armed Forces must be ready at all times for worldwide deployment. Military law and regulations, including the Uniform Code of Military Justice, apply to service members at all times, both on base and off base, from the time the member enters the service until the member is discharged or otherwise separated from the Armed Forces.
3. Members of the Armed Forces may be involuntarily separated before their term of service ends for various reasons established by law and military regulations, such as:
  - a. A member may be separated for a pattern of disciplinary infractions, a pattern of misconduct, commission of a serious offense, or civilian conviction.
  - b. A member who has been referred to a rehabilitation program for personal drug and alcohol abuse may be separated for failure through inability or refusal to participate in, cooperate in, or successfully complete such a program.
  - c. A member may be discharged by reason of parenthood, if it is determined the member, because of parental responsibilities, is unable to perform his or her duties satisfactorily or is unavailable for worldwide assignment or deployment.
  - d. A member may be separated for failure to meet service weight control standards or physical fitness standards.
  - e. A member may be separated for harassment of or violence against any service member.

DATE OF APPLICATION	NAME ( <i>Last, First, MI</i> )	SIGNATURE
DATE OF ENLISTMENT	NAME ( <i>Last, First, MI</i> )	SIGNATURE
DATE OF COMMISSION	NAME ( <i>Last, First, MI</i> )	SIGNATURE

**USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY**

(This form is subject to the Privacy Act of 1974. Use Blanket PAS - AF Form 883)

**I. MARITAL STATUS**

<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	MARRIED (Civilian)	<input type="checkbox"/>	MARRIED (Military)	<input type="checkbox"/>	SEPARATED	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	WIDOWED
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**II. STATEMENT OF UNDERSTANDING**

I understand:

My eligibility is based on my marital and dependency status and failure to claim all my dependents may result in my involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes. 1. A spouse. 2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support. includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse. 3. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child includes those born out of wedlock. 4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. (5) FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by or a court order determines is his.

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It is my responsibility to provide legal documents (marriage certificate, birth certificate, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) will not prevent me from being available for worldwide assignment and failure to perform my military dependent(s) may result in disciplinary action, to include involuntary discharge.

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If applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, date of grade, number of dependents, and availability.

()

Military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a joint spouse assignment but there is no guarantee they will be assigned together.

()**III. REMARKS****IV. APPLICANT CERTIFICATION**

I have read the information on this form and understand how it applies to me and my dependent(s). I also understand the needs of the Air Force come first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is of my personal knowledge and is true and correct and my recruiter did not advise me to conceal any dependency information.

DATE	NAME (Last, First, Middle Initial)	SSN	SIGNATURE
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**V. RECRUITER CERTIFICATION**

I certify the information on this form was explained to the applicant and I verified the applicant's dependent(s) and marital status from appropriate source documents.

DATE	RECRUITER'S NAME/GRADE	SIGNATURE
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**VI. APPLICANT FINAL CERTIFICATION**

On the date of enlistment or commissioning or appointment and prior to signing the oath, I reviewed the information on this form and hereby reaffirm complete knowledge and understanding of the statements contained herein. I further certify all changes to my marital or dependent status since initiation of this form are explained in Section III.

DATE	SIGNATURE
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**VII. AIR FORCE REPRESENTATIVE FINAL CERTIFICATION**

I have verified all known changes to the applicant's marital or dependent status since initiation of this form and certify they are explained in Section III.

DATE	NAME/GRADE OF AIR FORCE REPRESENTATIVE	SIGNATURE
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12 AUGUST 2013

**AIR FORCE DEPENDENCY POLICY STATEMENT OF UNDERSTANDING**

I (Cadet's Name) have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

- a. **(Non-contract Cadet)** If I am/become unmarried or marry (to include a common-law spouse) a military member, and I have legal or physical custody of any person incapable of self-care, I do not meet Air Force enlistment standards and will not be allowed to contract into AFROTC. No waivers are authorized. If I am married to a civilian spouse and wish to enlist in the pay grade of E-3 or lower and have legal or physical custody of two or more family members incapable of self-care, a waiver may be authorized for enlistment. If a waiver is not granted, I do not meet Air Force enlistment standards and will not be allowed to contract into AFROTC.
- b. **(Contract Cadet)** If I am unmarried or married (to include a common-law spouse) to a military member (including another contract AFROTC cadet), and become responsible for a family member or family members; or, married to a civilian spouse and enlisted in the pay grade E-3 or lower and have legal or physical custody of two or more family members incapable of self-care (through birth, marriage, court determination of parental or guardianship responsibility, divorce, or other means), I can continue in AFROTC only if granted a waiver by AFROTC/RR. I must create an adequate family care plan in accordance with Air Force Instruction 36-2908. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

**1<sup>st</sup> Ind, Application**

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Cadet Signature / Date

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Cadre Signature

**2<sup>nd</sup> Ind, Enlistment**

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Cadet Signature / Date

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Cadre Signature

**NOTE: Cadet and detachment representative must sign statement at time of application. Statement must be recertified by the cadet and detachment representative at time of enlistment.**

## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

*THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.*

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

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

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

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

### 3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

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

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will 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.

SIGNATURE OF PATIENT OR SPONSOR	SSN OF MEMBER OR SPONSOR	DATE
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**FAST START**  
**DIRECT DEPOSIT**

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

**1. EMPLOYEE INFORMATION**

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME  
(as on payroll records)

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

(HOME)

**2. TYPE OF ACCOUNT**

- Checking
- Savings

TYPE OF PAYMENT

- Net Pay
- Travel
- Other Federal employment related payments

**3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)**  
A voided personal check/sharedraft may be attached in lieu of completing this section.

See instructions on back of this form.

ROUTING TRANSIT  
NUMBER



Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

**4. ALLOTMENT INFORMATION**

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT  
(Check One)

- Savings (whole dollar amounts only)
- Discretionary or Third Party

TYPE OF ACCOUNT  
(Check One)

- SAVINGS
- CHECKING

ACTION  
(Check One)

- START
- CANCEL
- CHANGE

AMOUNT  
(Check One)

- INCREASE TO:
- DECREASE TO:

New Total \$

ALLOTEE NAME  
(person/company who will receive allotment)

ALLOTEE'S ROUTING NUMBER



Check Digit

ALLOTEE'S ACCOUNT NUMBER

ALLOTEE'S ACCOUNT TITLE  
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

**5. AUTHORIZATION**



EMPLOYEE'S SIGNATURE

DATE

**6. AGENCY USE:**



DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)

MEMORANDUM FOR RECORD

SUBJECT: Transcript/Grade Release Consent

I hereby grant permission to the AFROTC Detachment 890 staff to request, receive, and retain my college transcripts, and/or any other information relating to my academic record.

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Cadet Printed Name

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Cadet Signature

Jennifer M. Hubal

Cadre Printed Name

J. M. Hall

Cadre Signature