RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

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The 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 the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directorate,

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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 504, Persons Not Qualified; 505, Regular components: qualifications, term, grade; and 12102, Reserve Components: Qualifications; 14 U.S.C. 351, Enlistments; term, grade; and 632, Functions and powers vested in the Commandant; DoDI 1304.2, Accession Processing Data Collection Forms; DoDI 1304.26, Qualification Standards for Enlistment, Appointment, and Induction; AR 601-270, OPNAVINST 1100.4C Ch-2, AFI 36-2003_IP, MCO 1100.75E, and COMDTINST M 1100.2E, Military Entrance Processing Station (MEPS); AR 601-210, Active and Reserve Components Enlistment Program; AFPD 36-20, ; and E.O. 9397, as amended (SSN). PRINCIPAL PURPOSE(S): Military recruiters use the information you provide on this form to collect additional information from the individuals, schools, and employers you list so that we can determine if you meet recruitment standards. If you do meet these standards and enlist, the information you provide on this form starts your Official Military Personnel File. During the recruiting process we use the information on this form to verify your identity. This form also contains a section where you are asked to provide your signed consent for your medical provider(s) to release your medical records to the DoD. While completed forms are covered by recruiting and official military personnel file SORNs maintained by each of the Services the primary SORN may be found at: http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6156/a0601-270-usmepcom-dod.aspx

ROUTINE USE(S): Information is disclosed to the Selective Service System (SSS) to update the SSS registrant database and may also be disclosed to local and state Government agencies for compliance with laws and regulations governing control of communicable diseases. The specific DoD Blanket Routine Uses identified below (and also found at http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx) also apply to this collection. 01. Law Enforcement Routine Use: If a system of records maintained by a DoD Component to carry out its functions indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or by regulation, rule, or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the agency concerned, whether federal, state, local, or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order issued pursuant thereto.

- 02. Disclosure When Requesting Information Routine Use: The DoD may disclose your information to a federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to your enlistment request (ie., a DoD decision concerning the hiring or retention of an employee).
- 04. Congressional Inquiries Disclosure Routine Use: The DoD may disclosure your record to your congressperson if your congressional office makes an inquiry at your request.
- 09. Disclosure to the Department of Justice for Litigation Routine Use: The DoD may disclose your record to the Department of Justice for the purpose of representing the Department of Defense, or any officer, employee or member of the Department in pending or potential litigation to which the record is
- 12. Disclosure of Information to the National Archives and Records Administration Routine Use:

The DoD may disclose your record to the National Archives and Records Administration for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906.15. Data Breach Remediation Purposes Routine Use: The DoD may disclose your record to an appropriate agency, entity, or person when (1) The DoD suspects or has confirmed that the security or confidentiality of the information in the system of records has been compromised; (2) the DoD has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the DoD or another agency or entity) that rely upon the compromised information; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm. DISCLOSURE: Voluntary. However, if you fail to provide the requested information you might not be able to enlist. Your Social Security Number is used during the recruiting process to conduct background screening (e.g., law enforcement, medical, or educational records checks; former employer checks, work status, etc.), keep all of your records together during the enlistment process, and ensure your test results are properly recorded. Applicable SORNs:

Accession:

U.S. Military Processing Command:

(http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6156/a0601-270-usmepcom-dod.aspx)

Army (http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6131/a0600-8-104-ahrc.aspx)

Navy (http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6411/n01131-1.aspx;

http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6413/n01133-2.aspx)

Marine Corps (http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6777/m01133-3.aspx)

Air Force (http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/5820/f036-aetc-r.aspx)
Coast Guard (http://edocket.access.gpo.gov/2008/E8-29845.htm)

Official Military Personnel Files:

Army (http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6128/a0600-8-104b-ahrc.aspx; http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6129/a0600-8-104b-ngb.aspx)

Navy (http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6405/n01070-3.aspx)

Marine Corps (http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6775/m01070-6.aspx) Air Force (http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/5876/f036-af-pc-c.aspx)

Coast Guard (http://edocket.access.gpo.gov/2008/E8-29793.htm)

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved. YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

- 1. Read Privacy Act Statement above before completing form.
- 2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable", so state. "Optional" questions may be left blank.
- 3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2014 is written 20140601.

20. NAME (Last,	, First, Middle Initial)			21. SOCIAL SECURITY NU	MBER	
		SECTION III - O	THER PERSONAL DATA	A		
22. EDUCATIO	N					
a. List all high	schools and colle	ges attended. (List dates in YYYYMM	format.)		(5) GRA	DUATE
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION		YES	NO
					YES	NO
b. Have you ev	ver been enrolled i	n ROTC, Junior ROTC, Sea Cadet I	Program or Civil Air Patrol?			
D. Have years			- Togram or Olvin 7 in 1 direct.			
		ATUS AND FAMILY DATA				
(If "Yes," expl	ain in Section VI, "Re	emarks.")				
a. Is anyone d	ependent upon yo	u for support?				
b. Is there any	court order or judg	gment in effect that directs you to pr	ovide alimony or support for ch	ildren?		
		ative (father, mother, brother, or sist				
iii dolloii (ivi	., or (2) alca or k	recame 100% permanently disables	wille serving in the furned se			
d. Are vou the	only living child in	your immediate family?				
	MILITARY SERVI ain in Section VI, "Re	CE OR EMPLOYMENT WITH THE	U.S. GOVERNMENT			
(п тез, ехри	ani in Section VI, The	marks.)				
		been in any regular or reserve bran	nch of the Armed Forces or in th	e Army National Guard		
or Air Natior	nal Guard?					
b. Have you ev States?	ver been rejected t	or enlistment, reenlistment, or induc	ction by any branch of the Arme	d Forces of the United		
c. Are you now	or have you ever	been a deserter from any branch of	f the Armed Forces of the Unite	d States?		
	•	·				
d. Have you ev	ver been employed	by the United States Government?				
		ou have an application pending, or a		ty allowance, severance		
pay, or a pe	nsion from any ag	ency of the government of the Unite	o States?			
25. ABILITY TO	PERFORM MILI	TARY DUTIES				
(If "Yes," expl	ain in Section VI, "Re	emarks.")				
a Are you now	v or have vou ever	been a conscientious objector? (The	hat is do vou have or have vou	ever had a firm fixed		
		ipation in war in any form or to the b				
		ed by any branch of the Armed Force	es of the United States for reas	ons pertaining to being a		
conscientiou	us objector?					
		preclude you from performing milita ny personal restrictions or religious				
necessary (do you nave a	ng personal restrictions of religious	practices willow would restrict y	our availability):		
26. DRUG USE	AND ABUSE (If "	Yes," explain in Section VI, "Remarks.")				
Have you ev	ver tried, used, sol	d, supplied, or possessed any narco	otic (to include heroin or cocaine	e), depressant (to include		
		ogen (to include LSD or PCP), or called				

27. NAME (Last, First	st, Middle Initial)						28. SOCI	AL SECURITY NUMBER			
			;	SECTION IV - CER	ΓΙΓΙCATION		<u> </u>				
29. CERTIFICATIO	N OF APPLICANT	(Your signat	ure in t	this block must be witnessed	by your recruiter.	:.)					
I understand that	I am being accepowingly false or in	pted for en	listme	ent based on the inforr be tried in a civilian or	nation provide	ed by me ii	n this docu	my knowledge and belief. ument; that if any of the less than honorable			
b. TYPED OR PRINT Initial)	TED NAME (Last, Fir	st, Middle	c. SI	GNATURE			d. DATE SIGNED (YYYYMMDD)				
30. DATA VERIFIC	ATION BY RECRU	JITER (Enter	r descri	iption of the actual documen	ts used to verify t	he following i	tems.)				
a. NAME (X one)			b. A	GE (X one)		c. Cl	TIZENSHIP ((X one)			
(1) BIRTH CERT	TIFICATE			(1) BIRTH CERTIFICATE			(1) BIRTH C	ERTIFICATE			
(2) OTHER (Exp	olain)			(2) OTHER (Explain)			(2) OTHER (Explain)			
d. SOCIAL SECURIT	Y NUMBER (SSN) (X one)	e. El	DUCATION (X one)		f. OT	HER DOCU	MENTS USED			
(1) SSN CARD				(1) DIPLOMA							
(2) OTHER (Exp	olain)			(2) OTHER (Explain)							
31. CERTIFICATIO	N OF WITNESS										
directives. I further	certify that I have it all under the Uniform	not made ar	ny proi	mises or guarantees othe	r than those list	ted and sigr	ned by me.	quired as prescribed by my I understand my liability to of anyone known by me to			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) c. PA GR				Y d. RECRUITER I.D. e. SIGNATURE ADE				f. DATE SIGNED (YYYYMMDD)			
32. SPECIFIC OPT	ION/PROGRAM E	NLISTED F	OR. N	IILITARY SKILL, OR AS	SIGNMENT TO	A GEOGR	APHICAL	AREA GUARANTEES			
	N/PROGRAM ENLIST			ed by Guidance Counselor, M							
				pecific military skill or ass my Enlistment/Reenlistm				c. APPLICANT'S INITIALS			
33. CERTIFICATIO	N OF RECRUITER	OR ACCEP	TOR								
policy requirements	for enlistment. I a	ccept him/h	er for ertify t	d in this document and, t enlistment on behalf of the that I have not made any g such enlistments have	ne United States promises or gu	s <i>(Enter Bran</i> arantees ot	nch of Service her than the	ose listed in Item 32.a.			
				ned to this document.	been strictly co	inplica with	and any we	arvers required to effect			
b. TYPED OR PRINTED NAME (Last, First, c. PA								f. DATE SIGNED (YYYYMMDD)			
			s	ECTION V - RECER	RTIFICATIO	N		•			
34 DECEDTIEICA	TION BY ARRIVE	NT AND C		CTION OF DATA AT TH			ENTDY				
a. I have reviewed	l all information cor	ntained in th	is doc		ormation is still	correct and	I true to the	best of my knowledge and ded below.			
b. ITEM NUMBER	c. CHANGE REQU										
d. APPLICANT				e. WITNESS							
(1) SIGNATURE		(2) DATE SI		(1) TYPED OR PRINTED First, Middle Initial)	NAME (Last,	(2) RANK/ GRADE	(3) SIGNA	TURE			

35. NAME (Last, First, Middle Initial)			36. SOCIAL SECURITY NUM	BER
	SECTION VI	- REMARKS		
(Specify item(s) being contin		er. Continue on separate pages	if necessary.)	
			DD FORM 1966/5	YES
SECTION VII - STATEME	NT OF NAME	EOD OFFICIAL MILITAD	ATTACHED? (X one)	NO
37. NAME CHANGE.	INT OF NAME	FOR OFFICIAL WILLIAM	AT RECORDS	
If the preferred enlistment name (name given in Item 2 prescribed by state law, and it is the same as on your soci	2) is not the same	as on your birth certificate, and it	has not been changed by lega	I procedure
a. NAME AS SHOWN ON BIRTH CERTIFICATE	iai security numbe	b. NAME AS SHOWN ON SOCIAL	SECURITY NUMBER CARD	
an to an Extended the Section of the		b. Williams of ordering	ozootati nomben ozate	
c. I hereby state that I have not changed my name throug	h any court or oth	er legal procedure; that I prefer to	o use the name of	
	-	hich I am known in the communi		
and with no criminal intent. I further state that I am the sa	me person as the	person whose name is shown in	Item 2.	
d. APPLICANT			T.0	
(1) SIGNATURE			(2) DATE SIGNED (YYYYMMDD)	
- WITHFOO				
e. WITNESS (1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2	PAY GRADE	(3) SIGNATURE		
(-	•			

38. NAME (Last, First, Middle Initial)		39. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER								
USE THIS DD FORM 1966 PAGE ONLY IF EITHER S	ECTION APPLIES TO THE APPLICANT'S RECOR	D OF MILITARY PROCESSING.									
SECTION VIII - PAR	ENTAL/GUARDIAN CONSENT FOR EN	LISTMENT									
40. PARENT/GUARDIAN STATEMENT(S) (Line of	out portions not applicable)										
a. I/we certify that (Enter name of applicant) has no other legal guardian other than me/o (Enter Branch of Service)	us and I/we consent to his/her enlistment	n the United States									
I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.											
b. FOR ENLISTMENT IN A RESERVE CO. I/we understand that, as a member of a training unless excused by competent authorisement, he/she may be recalled to active the ready reserve, he/she may be ordered to the Congress or the President or when other combat or other hazardous situations.	reserve component, he/she must serve mority. In the event he/she fails to fulfill the eduty as prescribed by law. I/we further to extended active duty in time of war or n	obligations of his/her reserve inderstand that while he/she is in ational emergency declared by									
c. PARENT											
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNEI (YYYYMMDD)									
d. WITNESS	1										
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)									
e. PARENT											
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNEI (YYYYMMDD)									
f. WITNESS	1										
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNEI (YYYYMMDD)									
41. VERIFICATION OF SINGLE SIGNATURE CO	DNSENT										