



Privacy Act Data Cover Sheet

To be used on
all documents
containing personal
information

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Privacy Act Data Cover Sheet

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

COMMANDING OFFICER, NROTC UNIT 60, VIRGINIA POLYTECHNIC INSTITUTE & SU, BLACKSBURG, VA 24061

SUBJECT:

Commutation in lieu of uniforms for enrolled members of NROTC



PERMANENT



TEMPORARY

AUTHORITY (IF PERMANENT):

DoDI 1215.08, NSTC M-1533.2D

COMMUTATION IN LIEU OF UNIFORMS FOR ENROLLED MEMBERS OF NROTC

It is Department of Defense Policy that standard uniform commutation rates for the basic NROTC course (first two years) and the advanced course (third and fourth years) shall be paid by the government after cadets have been enrolled in the NROTC Program under the following criteria:

New NROTC enrollees: the first semester after taking the scholarship or college program oath shall qualify as an initial probationary period.

All other students: must remain in good standing with the NROTCU through the first day of the second semester to receive payment for that year.

Students disenrolled from the NROTC Program prior to the above guidelines will NOT be eligible for the uniform commutation allowance, and the student will be responsible for payment.

I, _____, understand that if I disenroll from the program during the probationary period as explained above, I will NOT be eligible for the uniform commutation fund and WILL be liable to pay uniform charges to the University.

MIDSHIPMAN SIGNATURE_____
DATE_____
WITNESS SIGNATURE_____
DATE_____
PRINTED NAME & RANK

Witness: SHALL be an active duty
staff member attached to the unit.

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

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PRIVACY SENSITIVE

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

COMMANDING OFFICER, NROTC UNIT 60, VIRGINIA POLYTECHNIC INSTITUTE & SU, BLACKSBURG, VA 24061

SUBJECT:

Elective Surgery Acknowledgment

☒ PERMANENT☐ TEMPORARY

AUTHORITY (IF PERMANENT):

NSTC Great Lakes

I am aware that prior to undergoing elective surgery I am required to inform my Chain of Command of my intentions, so I can be counseled regarding the impact this decision may have on commissioning and participation in the NROTC program. I understand that if I have an unexpected outcome or complications from an elective procedure which result in me being medically disenrolled, unable to commission or fulfill active enlisted service, I will be held liable for repayment of all scholarship and stipend costs.

If I have any of the following elective surgeries performed while a midshipman: bariatric surgery, other weight loss surgeries, Nuss bar or other hardware for cosmetic correction of pectus excavatum, or placement of intra-ocular contact lenses, I will be medically disenrolled and responsible for payment of the entirety of my scholarship and stipend costs.

I understand that many elective surgeries may result in Medical Leave of Absence (MLOA) until the recovery period is complete and I either 1) meet the physical standards or 2) meet the criteria for a waiver of the physical standards for continuation in the NROTC program.

I am also aware that some elective surgeries (e.g. LASIK/PRK) require a significant wait time before I can be reviewed for a potential waiver of the medical standards, and that my timing in getting such a procedure may cause a delay in my required training evolutions and/or planned commissioning date.

MIDSHIPMAN SIGNATURE_____
DATE_____
WITNESS SIGNATURE_____
DATE_____
PRINTED NAME & RANK

Witness: SHALL be an active duty
staff member attached to the unit.

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

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PRIVACY SENSITIVE

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

COMMANDING OFFICER, NROTC UNIT 60, VIRGINIA POLYTECHNIC INSTITUTE & SU, BLACKSBURG, VA 24061

SUBJECT:

ADVANCED EDUCATION ASSISTANCE POLICY FOR DISENROLLING
MIDSHIPMAN IN THE NAVAL RESERVE OFFICER'S TRAINING CORPS PROGRAM☒ PERMANENT☐ TEMPORARY

AUTHORITY (IF PERMANENT):

DCNO(MPT&E)/CNODC(M&RA) Memo of April 21, 2015

ACKNOWLEDGEMENT OF SERVICE OBLIGATION - ACTIVE ENLISTED SERVICE

I certify that I have read and understand DCNO(MPT&E)/CNODC(M&RA) Memo of April 21, 2015, and that as a Naval Reserve Officers' Training Corps (NROTC) scholarship recipient, I understand that if I request disenrollment from the NROTC program within 12 months of my anticipated commissioning date, that, in accordance with my NROTC contract, I may be required at the discretion of the Secretary of the Navy or designee, the Assistant Secretary of the Navy (Manpower and Reserve Affairs), to repay my service obligation by serving 4 consecutive years of active enlisted military service immediately following my disenrollment from the NROTC program.

MIDSHIPMAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

PRINTED NAME & RANK

Witness: SHALL be an active duty
staff member attached to the unit.

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

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PRIVACY SENSITIVE

**NAVAL RESERVE OFFICERS TRAINING CORPS
DRUG AND ALCOHOL STATEMENT OF UNDERSTANDING**

Privacy Act Statement

Authority: 5 USC §301 (Authorizing Forms and Regulations); 10 USC §§ 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training) and 2107 (Senior ROTC Financial Assistance Program), 2122 (Eligibility for Health Professions Scholarship and Financial Assistance Program); Executive Order 9397 (Use of Social Security Numbers), OPNAVINST 5350.4D (Navy Alcohol and Drug Abuse Prevention and Control); and NSTC M-1533.2A at 5-27 and 5-28

Principal Purpose(s): To obtain information used to evaluate an individual's compliance with policy and fitness for service as a commissioned officer.

Routine Use(s): Those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act and the routine uses set forth in 32 C.F.R. 701.112.

Disclosure: Disclosure is voluntary. However, failure to provide the requested information may result in adverse administrative action and/or ineligibility for, or disenrollment from, the NROTC Program.

STATEMENT OF UNDERSTANDING

I, _____ understand the following:
Full Name (First MI Last)

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.
2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.
3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a "zero tolerance" policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.
4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (MIDN), NROTC College Program Student (Basic or Advanced), or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC's policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2D. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urinalysis screening as directed by NSTC.
5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program, and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/Printed Name (last, first middle) _____

Signature _____

Date: _____

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying _____

Signature _____

Date: _____

Typed/Printed Name and Title of Witness _____

Signature _____

Date: _____



Our nation's Naval service, made up of the Navy and Marine Corps, has successfully met every challenge. Between 13 October and 10 November 1775, the Continental Congress authorized a few small warships and two battalions of Marines. Just after New Year's Day in 1776, five companies of Marines embarked aboard these new warships of the Continental Navy in Philadelphia and set sail. Eight weeks later and only 5 months after authorization by the Congress, 230 Marines & 50 Sailors assaulted across the beach in the Bahamas to capture gunpowder and weapons from a British fort. US Sailors & Marines had landed for the first time in history and the situation was well in hand. From those early days of naval expeditionary service, our bedrock principles have remained constant. Our core values of *honor, courage, and commitment* remain the distinguishing characteristics of the Naval Service.

Honor: *"I will bear true faith and allegiance ..."* I will conduct myself in the highest ethical manner in all that I do. I will abide by an uncompromising code of integrity, taking full responsibility for my actions and my word. I am accountable for my behavior, both professional and personal, and remain ever mindful of the privilege I have to serve my fellow Americans.

Courage: *"I will support and defend ..."* I will demonstrate the courage to meet the demands of naval service; to do what is right at all times, especially in the face of temptation or adversity. I will make decisions in the best interest of the nation without regard for personal consequence. I will adhere to the highest standard of personal conduct and decency. My moral courage will give me the strength to always do what is right.

Commitment: *"I will well and faithfully discharge ..."* I will demonstrate respect up and down the chain of command while caring for the professional and personal well-being of each of our people. I will treat everyone with human dignity and respect. I will work as part of the Navy-Marine Corps Team to accomplish each mission assigned and to ensure the future of our nation.

A midshipman is person of integrity and stands for that which is right. I tell the truth and ensure that the full truth is known. I do not lie. I embrace fairness in all actions. I ensure that work submitted as my own is my own, and that assistance received from any source is authorized and properly documented. I do not cheat. I respect the property of others and ensure that others are able to benefit from the use of their own property. I do not steal.

I have read and understand the NROTC Concept of Honor effective this date _____

Signature of Midshipman

Signature of Witness

NAVAL RESERVE OFFICERS TRAINING
CORPS ACCEPTANCE AND OATH OFFICE

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations) and 10 USC Sec. 2104, Subtitle A, Part III, Chapter 103 (Senior ROTC).

Principal Purpose(s): Used when administering the acceptance and oath of office for new Naval Reserve Officers Training Corps (NROTC) Midshipman.

Routine Purpose(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, <http://www.privacy.navy.mil> and the routine uses set forth here.

Disclosure: Failure to provide the requested information may result in removal from the NROTC program and/or loss of scholarship benefits.

ACCEPTANCE

I, _____, having been permanently
appointed as Midshipman, (USNR/USMCR) from the _____ day of
_____, _____ do accept such appointment.

APPOINTEE SIGNATURE

OATH OF OFFICE

I, _____, having been appointed a
midshipman, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies,
foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental
reservation or purpose of evasion; and that I will well and faithfully discharge the duties of office on which I am about to enter:
So help me God. (Optional)

APPOINTEE SIGNATURE

Subscribed and sworn to before me this _____ day of _____, _____.

WITNESSING OFFICER PRINTED NAME

WITNESSING OFFICER SIGNATURE

UNITED STATES NAVY TATTOO SCREENING CERTIFICATE

COMNAVCRUITCOMINST 1130.8 and 1131.2

NAME (Last, First, Middle, Jr., etc.)	Date:
---------------------------------------	-------

	YES	NO	N/A
1. Does the applicant/candidate have any tattoos/body art/branding?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the applicant/candidate have any tattoo/body art/brand visible behind the ears or on the neck	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the applicant/candidate ever had any tattoo, body art or brand removed or covered?	<input type="checkbox"/>	<input type="checkbox"/>	

Any "Yes" response above requires an enlistment eligibility determination by the NAVCRUITDIST CO (May be delegated to XO, R-OPS, CMC, CR, or EPDS when authorized "by direction" authority by the CO).

	YES	NO	N/A
4. Are any of the tattoos/body art/brands on the face (excluding cosmetic tattoos) or scalp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there one or more tattoos larger than one inch on the neck or behind the ears, visible above the collar of a properly fitted crew neck t-shirt? (Excluding cosmetic tattoos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If applicable, are cosmetic tattoos applied in good taste with natural color enhancement and of a conservative nature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are any of the tattoos/body art/branding representative of gang membership, advocate racial, ethnic, racial discrimination, sexism (including expressions of nudity), drug related, obscene, or are prejudicial to good order, discipline, and morale, or are of a nature to bring discredit upon the Navy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are any of the tattoos a result of a specific activity? (i.e., specifically an illegal activity or as a result of any violation of law (s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any "Yes" response to items 4, 5, 7, or 8 above is disqualifying, not authorized for Enlistment. Any "No" response to Item 6 is disqualifying, not authorized for Enlistment.

NOTE: All **questionable body markings**, due to content, size, number, and/or location, shall be forwarded to NAVCRUITCOM for eligibility determination.

Applicant Signature	Date	Recruiter Signature	Date
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Describe all tattoos, brands, and/or body ornamentation (if applicable) on following page.

Explain tattoo, brand, and/or body ornamentation removal process, if applicable.

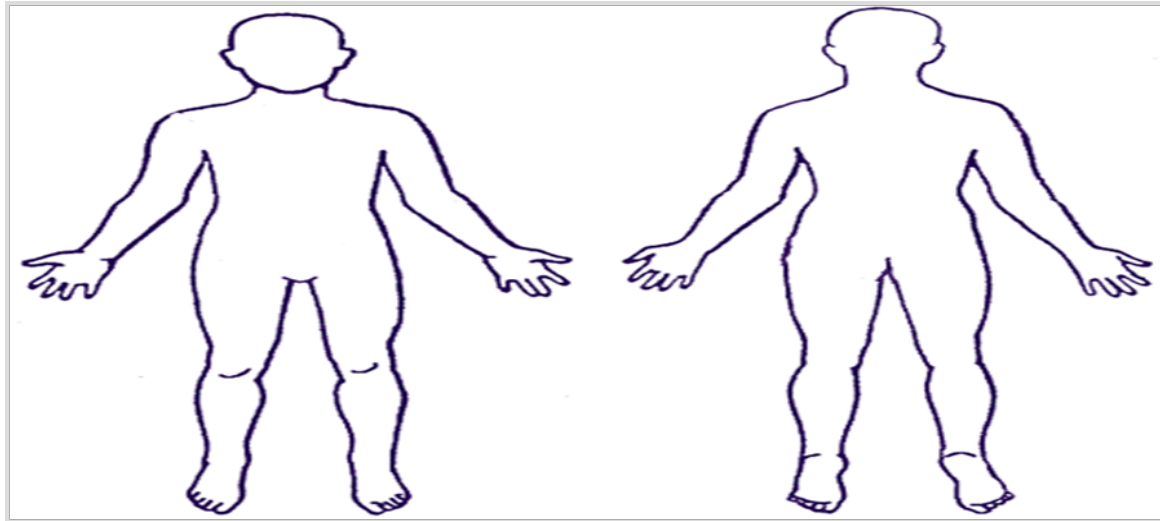
CO/XO/R-OPS/CMC/CR/EPDS Reviewing Comments:

APPROVED ☐ DISAPPROVED ☐

CO/XO/R-OPS/CMC/CR/EPDS Signature	Typed Name/Title:	Date:
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UNITED STATES NAVY TATTOO SCREENING CERTIFICATE

Documentation. The following depicts the location and description of the applicant's body markings. Place number on body location and describe in corresponding blocks below indicating content and size in inches (not required if no Tattoos):



FRONT VIEW

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

BACK VIEW

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Part V. Certification. I certify above body marking information is accurate.

(Name of Applicant)

(Signature of Applicant)

(Date)

(Name of Recruiting Rep)

(Signature of Recruiting Rep)

(Date)

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

NAME _____ L4 SSN _____ DATE _____

Part I: Purpose. The purpose of this form is to ensure that you disclose the full extent of your tattoos, brands and/or body ornamentation. Refusal to complete the form will result in termination of your enlistment processing.

1. Does the applicant currently have, or ever had any tattoos, brands, body markings, or body ornamentation, or has the applicant ever had a tattoo, brand or body ornamentation removed, concealed, covered or altered? (Initials in appropriate block)

Y _____ N _____

Notes: If the answer to Question 1 is NO; move to Part II Certification Block of this Screening Form. Questions 2 through 9 are not required. If the answer to Question 1 is YES; complete Questions 2-9, then certify in Part II and forward for Review.

2. Does applicant have body markings of any type that are exposed or partially exposed while wearing the standard warm weather PT uniform (shorts & shirt)?

Y _____ N _____

3. Are any of the tattoos, brands or markings:

- on head or neck (above collarbone in front, above seventh [C7] cervical [last] vertebrae in back or otherwise visible in open collar short sleeve khaki shirt with white undershirt) or inside the mouth?

- on hands, elbows, knees, or fingers (with exception of wedding band tattoo-not to exceed 3/8 of an inch), or within 2 inches of the wrists?

Y _____ N _____

4. Are any tattoos, markings or ornamentations exposed while wearing the standard PT uniform:

- Larger than the individual wearers hand with fingers extended and joined?

- Band Tattoos, (cannot exceed 3 inches or the width of the individual's four fingers extended and joined, whichever is greater)?

- Single band tattoo on one finger (max width less than 3/8 of an inch)?

- Excessive Tattoos (combined coverage must be covered by the individual wearers hand with their fingers extended and joined)?

Y _____ N _____

5. Do any of the tattoos, markings etc., depict nudity, are they racist, eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps Drug policy, the UCMJ, to include tattoos associated with illegal drugs, drug usage or paraphernalia?

Y _____ N _____

6. Do any of the tattoos, brands or body ornamentation represent a gang membership or extremist group, advocate racial, ethnic, or religious discrimination, obscene, prejudicial to good order and discipline/morale or of a nature to discredit to the Marine Corps?

Y _____ N _____

7. Are any of the tattoos a result of a specific activity? (i.e. activity for membership initiation, or as the result of any violation of law(s))?

Y _____ N _____

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

NAME _____ **L4 SSN** _____ **DATE** _____

8. Are there any body markings, ornamentation or mutilation (i.e. Tongue Splitting, etc), Ornamental Body Piercing(s), Holes in Ear Lobes (large enough for light to pass through opening), or Ornamental Implantations, (silicone implants on face, horns on the forehead, etc).

Y _____ N _____

Location(s) of an applicant's current, removed, concealed, covered, or altered tattoos, brands, markings, or ornamentation will be documented in Part IV of this Screening Form. Removed, concealed, covered or altered tattoos need to be annotated as such (i.e. removed) with full description of the original marking.

Part II: Certification. I have completely disclosed the full extent of my tattoos, brands or body ornamentation to include those removed or altered.

(Name of Candidate) (Signature) (Date)

"Applicant qualified in accordance with MCBul 1020 & Frost Call 017-16."

(Name of Certifying Officer) (Signature) (Date)

*Certifying Officer Comments:

* A Certifying Officer is a commissioned officer at the Recruiting Station, NROTC Unit, USNA, or in the chain of command for enlisted Marines applying for a Commissioning of Warrant officer Programs.

Part III: Reviewing.

a. If the applicant responded "Yes" to question 2, the tattoo must be reviewed to determine eligibility. If the applicant responded "Yes" to questions 3-8, the applicant is ineligible (with the exception to the wedding band tattoo authorized on one finger) for commission.

b. Digital photos are required for all reviews. Photos not required of female applicants with torso tattoos or male applicants with lower torso (below waist) tattoos. Applicants may hand draw pictures of torso & lower torso tattoos indicating size and location. Cross-check drawings with DD Form 2808 Medical Examination, Block 37 documents for consistency. Under no circumstances will a female applicant be photographed in less clothing than the standard warm weather physical training uniform.

c. All questionable body markings in regards to content, size, number or location will be forwarded to the appropriate authority for approval/review. Check appropriate review authority:

[] Recruiting Districts. Review tattoos for applicants applying for the Platoon Leaders Class, Officer Candidate Course, and Four Year Naval Reserve Officer Training Scholarship programs.

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

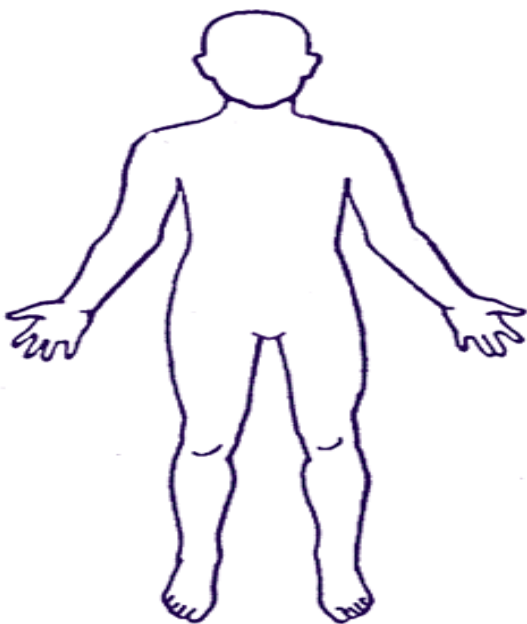
NAME _____ L4 SSN _____ DATE _____

[] Marine Corps Recruiting Command. Review tattoos for applicants applying to all other commissioning and Warrant Officer programs.

"Applicant is eligible for commissioning after review and adjudication in accordance with MCBul 1020 & Frost Call 017-16."

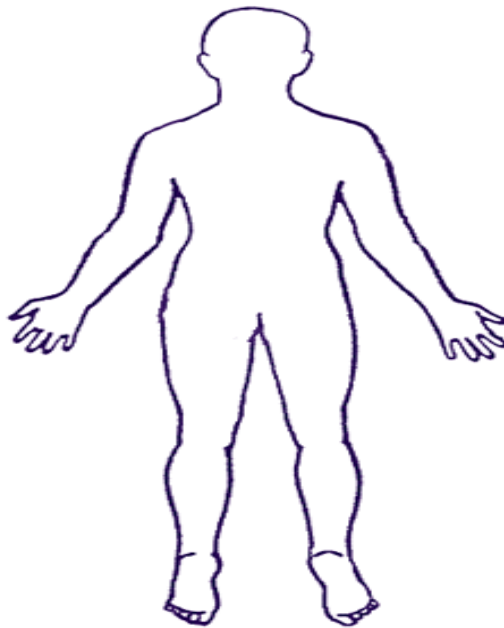
NAME/SIGNATURE OF REVIEWING OFFICER _____ RANK _____ BILLET _____

Part IV. Documentation. The following depicts the location and description of the applicant's Body Markings. Place number on body location and describe in blocks below indicating content and size in inches:



FRONT VIEW

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



BACK VIEW

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

USMC OFFICER TATTOO SCREENING FORM
Insert into MCRCO 1100.2A, Appendix O, Updated by MCRC FROST CALL 017-16

NAME	L4 SSN	DATE
-------------	---------------	-------------

Part V. Certification. I certify above body marking information is accurate.

(Name of Candidate)	(Signature)	(Date)
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"Applicant qualified in accordance with MCBul 1020 & Frost Call 017-16."

(Name of Certifying Officer)	(Signature)	(Date)
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Part VI. Recertification. (Prior to Request for Appointment) I certify the information previously given on Tattoo Screening Form remains the same. If any change is indicated an addendum Tattoo Screening Form will be complete then forwarded to the appropriate authority prior to the Request for Appointment.

1. Changes to this Tattoo Screening Form Y_____ N _____

(Name of Candidate)	(Signature)	(Date)
---------------------	-------------	--------

"Applicant is eligible for commissioning after review and adjudication in accordance with MCBul 1020 & Frost Call 017-16."

NAME/SIGNATURE OF REVIEWING OFFICER	RANK	BILLET
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DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																			
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>																			
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																			
Prefix	Suffix	TYPE	AMOUNT																		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
		DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

AUTHORIZATION RELEASE OF STUDENT INFORMATION

NROTCVPI FORM 1533/4 rev. Jan 2020

(Date)

From: MIDN

(Last, First MI)

(SSN)

(Student ID#)

To: Commanding Officer, NROTC Unit, Virginia Polytechnic
Institute and State University

Subj: RELEASE OF STUDENT INFORMATION; AUTHORIZATION FORM

1. I hereby give permission for release of any of my Virginia Polytechnic Institute and State University records to the Naval ROTC Unit, Virginia Polytechnic Institute and State University (NROTC, VPI).
2. I hereby give permission for release of any information from my records in the Virginia Tech Corps of Cadets to the NROTC, VPI.
3. I hereby give permission for release of any information from my ROTC records to the Virginia Tech Corps of Cadets Commandant and Commandant's Staff.
4. I hereby give permission for the release of my hometown information (City, State) for the use of ceremonial and media purposes.
5. The Commanding Officer, Naval ROTC Unit, Virginia Polytechnic Institute and State University, is authorized to provide such information from my university and Naval records as he deems necessary and appropriate to the following personnel or agencies:
 - a. My Parents or Guardians
 - b. Agencies of the Navy Department
6. This authorization constitutes an exception to the Family Educational Rights and Privacy Act 1974 and is limited to that period of time that I am affiliated with the Naval Reserve Officers Training Corps Unit.
7. Such information as I desire released to any other persons or agencies must be accompanied by my specific authorization.

(Signature)

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 (OEI); 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://dpcl.d.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

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

7. DATE (YYYYMMDD)

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