



AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0060, is estimated to average 251 minutes (195 minutes for the Candidate Phase and 56 minutes for the Accepted Candidate phase) 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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 currently valid OMB control number.

PRIVACY ACT STATEMENT AUTHORITY: Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. **PRINCIPAL PURPOSE:** Collection of data on Academy candidates for opening a file. **ROUTINE USE:** To gather information on a candidate in order to open a file for admissions to the United States Military. **DISCLOSURE IS VOLUNTARY.** However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

INSTRUCTIONS: The instructions for completing all required portions should be followed closely to ensure accurate data collection, and to preclude over-collection of information. Instructions for completing all the required forms can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

CANDIDATE PORTAL LOGIN

USMA ID:

Last Name:

Password:

[? Forgot your ID or password?](#)

If you're having trouble logging in, contact your Regional Technician at:

✉ **Northeast, Southeast, Great Lakes, Southwest, Far West.**



West Point Candidate Portal

Online access to view your file for admission to the United States Military Academy

Attention All USMA Applicants: SAT Essay & ACT Writing Scores Required

When registering for the SAT, you must select the "SAT with Essay" exam. If you have already registered for an upcoming SAT and did not select the "SAT with Essay" exam, you should immediately contact SAT (866-756-7346) to add the Essay portion. For more information:

- [SAT Registration Change Policies](#)

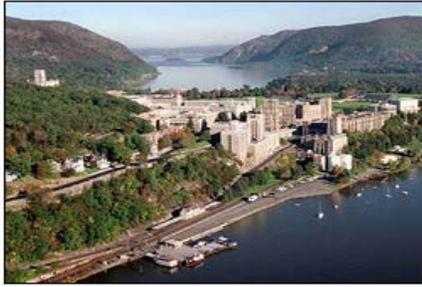
When registering for the ACT, you must select the "ACT plus Writing" exam. If you have already registered for an upcoming ACT and did not select the "ACT Plus Writing" exam, you should immediately contact ACT (319-337-1270) to add the writing portion. For more information:

- [The ACT Test Help and FAQs](#)

Admissions Facebook

Please join us on our  **West Point Facebook fan site**

DISCLAIMER: Being a member of this Facebook fansite is not required. It is completely optional and will not affect your chances for admission to West Point. The appearance of this link is provided as a community service and does not constitute an endorsement by the DOD, DA, or USMA.



West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996
Phone: (845) 938-4041 - Fax: (845) 938-3021

Having trouble logging in? contact your Regional Technician: ✉ **Northeast, Southeast, Great Lakes, Southwest, Far West.**

[West Point Candidate Portal](#) [West Point Home Page](#)

PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 0397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

YOU ARE ACCESSING A U.S. GOVERNMENT (USG) INFORMATION SYSTEM (IS) THAT IS PROVIDED FOR USG-AUTHORIZED USE ONLY. By using this IS (which includes any device attached to this IS), you consent to the following conditions: -The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations. -At any time, the USG may inspect and seize data stored on this IS. -Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose. -This IS includes security measures (e.g., authentication and access controls) to protect USG interests-- not for your personal benefit or privacy. -Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details. Use of this system constitutes consent to monitoring for all lawful purposes.

DISCLAIMER: Appearances of external links do not constitute an endorsement by the United States Military Academy or DOD. They are provided as a user service.

Application Overview

ERIC W. CORTI, USMA Class of 2023

Your Application Forms & Publications

To get the most current Adobe reader, [click here](#)

- Admissions Regions Map & Contacts** (Not available yet)
- Application Instructions Booklet**

The candidate portal contains all of the information needed to complete your application. For this portion of the process, you will work with the items listed below. The goal, generally, is to make all of the **Red Status Icons** into **Green Status Icons**. Once this is done and West Point has received all required information as specified in the Application Instructions Booklet above, your file will be considered complete.

Please allow up to 3 weeks for any manually processed documents to be updated

OFFERED APPOINTMENT
Instructions For Applicants Offered Admission
Forms For Applicants Offered Admission
Sample Oath of Allegiance
You accepted your appointment on Apr. 30, 2019

ADMISSIBLE PACKETS	
New documents that you will need to complete prior to your arrival at West Point. These documents will be updated periodically.	
Go to your ADMISSIBLE PACKETS page	
1ST ADMISSIBLE	(May 3, 2019)
2ND ADMISSIBLE	(May 3, 2019)
3RD ADMISSIBLE	(May 3, 2019)
4TH ADMISSIBLE	(May 24, 2019)

= On File = Pending = Not On File [--]= Not Applicable

ADMIT KIT	
Uniform, Travel and POCs/Personal Info forms not available yet.	
	Birth Certificate/Naturalization Papers received <ul style="list-style-type: none"> • Upload these documents through "Upload Docs" • Submission of one or the other is REQUIRED BEFORE your Security Clearance/e-QIP can be processed. As such, uploading this documentation as soon as possible is essential to avoiding delays. <p> For help: WP DPTMS at (845) 938-2717 or email</p>
	Tattoo Form received (required whether you have a tattoo or not) <p> For help: ADMISSIONS/SE at (845) 938-5726 or email</p>
---	Parental Consent (only required if you won't be 18 by July 1, 2019) <p> For help: ADMISSIONS/SE at (845) 938-5726 or email</p>

Once all application requirements are on file (marked with a) , including Nominations and 7th Semester Transcripts, your application file will enter the queue for committee review. During high peak times, it can take up to 60 days for files to reach the committee. You will be notified immediately of any committee decisions on your file.

= On File = Pending = Not On File [--]= Not Applicable

CANDIDATE KIT		
STATUS	ITEM	CONTACT
	Candidate Personal Data Record (CPDR) on file <ul style="list-style-type: none"> • View your CPDR information 	
	Official ACT or SAT scores on file	
	Request for Academic Information form received <ul style="list-style-type: none"> • Your HST contact is: MS MAUREEN BONNER (Updated Oct. 18, 2018) 	
	Number of High School Transcripts (semesters) received: <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> 8 <i>Required through Dec. 31, 2018: 1-6 Semesters Beginning Jan. 1, 2019: 7th Semester Required</i> <p style="color: green; margin: 0;">> Beginning May 15, 2019: 8th Semester Required</p> </div>	
	No college transcripts required	
	Candidate Activities Record (CAR) on file <ul style="list-style-type: none"> • View your CAR information <p><small>**For the CAR, FIRST FILL IN THE CONTACT INFORMATION.** Then fill in the actual CAR form where you will then find a "Send Email Notification" button at the bottom of the form.</small></p> <ul style="list-style-type: none"> • Your CAR contact is: MS VALERIE TOOLE (Updated Sep. 25, 2018) • This contact was e-mailed your CAR request on Oct. 29, 2018 	
	Candidate Statements on file <ul style="list-style-type: none"> • View your statements 	
	Candidate Fitness Assessment (CFA) score on file (Feb. 28, 2019) <ul style="list-style-type: none"> • Your CFA contact is: LTC KEVIN JACKSON (Updated Oct. 1, 2018) • This contact was e-mailed your CFA request on Oct. 1, 2018 <p> CFA Instructions - Exam requirements, events and procedures.</p> <p>CFA Videos: You are required to upload a video of the following CFA event(s). Use the "Upload Docs" section to do so, and select the event name as the document type.</p> <ul style="list-style-type: none"> • RECORD A SEPARATE VIDEO FOR EACH EVENT • MOV, MP4, M4V, 3GP or WMV format <p> CFA Video Instructions - How and what to record in your video(s).</p>	
	CFA Pull-ups Video on file (Uploaded Oct. 13, 2018)	
	CFA Pushups Video on file (Uploaded Feb. 20, 2019)	
---	Supplemental Information Sheet (College activities) <p>For candidates who have attended college, provide a list of your college athletic participation and extracurricular activities</p>	
	Employer's Evaluation of Candidate - USMA Form 5-518	

Police Record Check received
 For help: ADMISSIONS/SE at (845) 938-5726 or [email](#)

Immunization Form received
 For help: CADET HEALTH at (845) 938-3003 or [email](#)

Dental Information (Will change to 'On File' when all dental requirements below are met.)

Panarex received
 For help: DENTAL CLINIC at (845) 938-3121 or [email](#)

Bitewings received
 For help: DENTAL CLINIC at (845) 938-3121 or [email](#)

Dental Screening received
 For help: DENTAL CLINIC at (845) 938-3121 or [email](#)

Direct Deposit Authorization received
 For help: MILITARY PAY at (845) 938-0901/6134 or [email](#)

Vision Survey received
 For help: OPTOMETRY at (845) 938-2021 or [email](#)

SSN card received
 For help: ADMISSIONS/SE at (845) 938-5726 or [email](#)

Servicemembers' Group Life Insurance completed
 For help: USCC S1- PLEASE BRING SIGNED COPY OF THIS ON RDAY. FOR QUESTIONS CALL: at (845)938-8688/3505

Form DD93: Record of Emergency Data completed
 For help: USCC S1- PLEASE BRING SIGNED COPY OF THIS ON RDAY. FOR QUESTIONS CALL: at (845)938-8688/3505

Certificate of Authorization received May. 29, 2019
 For help: CADET ACCOUNTING SERVICES OFFICE at (845) 938-4262 or [email](#)

Initial Deposit
 For help: CADET ACCOUNTING SERVICES OFFICE at (845) 938-4262 or [email](#)

Total Deposit Due:	(\$2,000.00)
Scholarship received:	- \$0.00
*Total Payments Made:	- \$2,000.00
Current amount due:	\$0.00

**Allow adequate processing time for payments to appear here.*

Computer Preference received
 - Link only available between April 26, 2019 thru June 28, 2019
 For help: GOLDCOATS at (845) 938-3265 or [email](#)

--- A Device (tablet) is no longer required

NOTE: Do not bring iPads to Rday. Apple iPads are not required but they are authorized to connect to the West Point Research and Education Network. After CBT, cadets may purchase iPads through the Cadet Store or directly from Apple. Cadets should not purchase iPads manufactured prior to 2019.

For help: GOLDCOATS at (845) 938-3265 or [email](#)

Fingerprints received
 For help: WP DPTMS at (845) 938-2717 or [email](#)

Electronic Questionnaire for Investigations Processing (e-QIP) received
 For help: WP DPTMS at (845) 938-2717 or [email](#)

SCHOOL OFFICIAL EVALUATIONS		
STATUS	ITEM	CONTACT
The following SOEs are required (for prior applicants as well): ENGLISH, MATH, PHYSICS/CHEMISTRY, PHYS ED		
	Evaluation on file: ENGLISH (January 13, 2019)	
	<ul style="list-style-type: none"> This ENGLISH SOE official is: MS DEBORAH CELMER This contact was e-mailed your SOE request on January 9, 2019 	
	Evaluation on file: MATH (October 29, 2018)	
	<ul style="list-style-type: none"> This MATH SOE official is: MS LINDA SCHAUS This contact was e-mailed your SOE request on October 18, 2018 	
	Evaluation on file: PHYS ED (November 20, 2018)	
	<ul style="list-style-type: none"> This PHYS ED SOE official is: MS SUSAN MCPHERSON This contact was e-mailed your SOE request on October 18, 2018 	
	Evaluation on file: PHYSICS/CHEMISTRY (February 21, 2019)	
	<ul style="list-style-type: none"> This PHYSICS/CHEMISTRY SOE official is: MS BEVERLY PFEIFFER This contact was e-mailed your SOE request on February 13, 2019 	

MEDICAL

Status (Date): **QUALIFIED** (Apr 19, 2019)

WHAT IT MEANS: DODMERB (or USMA if waiver was requested) has determined that you DO meet medical accession standards

YOUR ACTIONS: Stay medically qualified. If ANY change in status or trip to hospital, notify DODMERB and/or your Regional Commander ASAP

More Info: [Medical Qualification \(PDF\)](#)

NOMINATIONS

PRESD



College Course Information has been received

For help: ADMISSIONS/SE at (845) 938-5726 or [email](#)

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West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996

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DRAFT



UNITED STATES MILITARY ACADEMY ADMISSIONS "THE CORPS STARTS HERE"

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Point of Contact

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USMA Admissions - Building 606, West Point, New York 10996 - (845) 938-4041 - admissions@usma.edu

Technical issues: If you encounter any technical problems, i.e. login failure or error messages, please direct them [here](#).
If you don't know your userid or password, contact you Regional Technician: [Northeast](#), [Southeast](#), [Great Lakes](#), [Southwest](#), [Far West](#).

[USMA Candidate Portal](#) [USMA Home Page](#)

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Fields in bold and with an asterisk (*) are required

Point of Contact 1	Point of Contact 2
*Relationship: <input type="text" value="--- SELECT ---"/>	<input type="text" value="--- SELECT ---"/>
*Title: <input type="text" value="--- SELECT ---"/>	<input type="text" value="--- SELECT ---"/>
*First Name: <input type="text"/>	<input type="text"/>
Middle: <input type="text"/>	<input type="text"/>
*Last Name: <input type="text"/>	<input type="text"/>
Name Suffix (i.e. Jr., III): <input type="text"/>	<input type="text"/>
Branch: <input type="text" value="--- SELECT ---"/>	<input type="text" value="--- SELECT ---"/>
Rank: <input type="text" value="--- SELECT ---"/>	<input type="text" value="--- SELECT ---"/>
Status: <input type="text" value="--- SELECT ---"/>	<input type="text" value="--- SELECT ---"/>
*Street Address 1: <input type="text"/>	
Street Address 2: <input type="text"/>	
*City: <input type="text"/>	
*State: <input type="text" value="--- SELECT ---"/>	
*Zip: <input type="text" value=""/> - <input type="text" value=""/>	
*Country: <input type="text" value="United States"/>	
*Phone Number: <input type="text"/>	
Email Address: <input type="text"/>	
<p>*Mail To: This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you. (i.e. Capt. Jones)</p> <input type="text"/>	
<p>I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of my academic grades, and academic performance for this POC only.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information concerning any adverse action against me for this POC only.</p>	
<p>Remarks: (limit 255 characters) <input style="width: 100%;" type="text"/></p>	



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Fields in bold and with an asterisk (*) are required

Point of Contact 1

Point of Contact 2

***Relationship:** **---** SELECT **---**

***Title:** AUNT

***First Name:** BROTHER

Middle: BROTHER-IN-LAW

***Last Name:** CONGRESS MEMBER

Name Suffix (i.e. Jr., III): DELEGATE IN CONGRESS

Branch: FATHER

Rank: FIANCE/FIANCEE

Status: FOREIGN NOMINATION

***Street Address 1:** GRANDFATHER

Street Address 2: GRANDMOTHER

***City:** GREAT GRANDFATHER

***State:** GREAT GRANDMOTHER

***Zip:** GUARDIAN (FEMALE)

***Country:** GUARDIAN (MALE)

***Phone Number:** HALFBROTHER

Email Address: HALFSISTER

MOTHER

OTHER

PRESIDENTIAL NOMINATION

RESIDENT COMMISSIONER FROM PUERTO RICO

SAME INDIVIDUAL

SECRETARY OF THE ARMY

SENATOR

SISTER

SISTER-IN-LAW

STEPBROTHER

STEPFATHER

STEPMOTHER

STEPSISTER

--- SELECT **---**

This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you. (i.e. Capt. Jones)

***Mail To:**

DO **DO NOT** authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.

DO **DO NOT** authorize the release of my academic grades, and academic performance for this POC only.

DO **DO NOT** authorize the release of information concerning any adverse action against me for this POC only.

Remarks: (limit 255 characters)

Submit Cancel



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Point of Contact 1

Point of Contact 2

***Relationship:**

***Title:**

***First Name:**

Middle:

***Last Name:**

Name Suffix (i.e. Jr., III):

Branch:

Rank:

Status:

***Street Address 1:**

Street Address 2:

***City:**

***State:**

***Zip:** -

***Country:**

***Phone Number:**

Email Address:

- SELECT ---

 - AUNT
 - BROTHER
 - BROTHER-IN-LAW
 - CONGRESS MEMBER
 - DELEGATE IN CONGRESS
 - FATHER
 - FIANCE/FIANCEE
 - FOREIGN NOMINATION
 - GRANDFATHER
 - GRANDMOTHER
 - GREAT GRANDFATHER
 - GREAT GRANDMOTHER
 - GUARDIAN (FEMALE)
 - GUARDIAN (MALE)
 - HALFBROTHER
 - HALFSISTER
 - MOTHER
 - OTHER
 - PRESIDENTIAL NOMINATION
 - RESIDENT COMMISSIONER FROM PUERTO RICO
 - SAME INDIVIDUAL
 - SECRETARY OF THE ARMY
 - SENATOR
 - SISTER
 - SISTER-IN-LAW
 - STEPBROTHER
 - STEPPATHER
 - STEPMOTHER
 - STEPSISTER

This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you. (i.e. Capt. Jones)

- DO** **DO NOT** authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.
- DO** **DO NOT** authorize the release of my academic grades, and academic performance for this POC only.
- DO** **DO NOT** authorize the release of information concerning any adverse action against me for this POC only.

Remarks: (limit 255 characters)



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<p>Point of Contact 1</p> <p>*Relationship: --- SELECT ---</p> <p>*Title: --- SELECT ---</p> <p>*First Name: MR</p> <p>Middle: MRS</p> <p>*Last Name: MS</p> <p>Name Suffix (i.e. Jr., III): ADMIRAL</p> <p>Branch: AIRMAN</p> <p>Rank: AIRMAN APPRENTICE</p> <p>Status: AIRMAN BASIC</p> <p>*Street Address 1: AIRMAN FIRST CLASS</p> <p>Street Address 2: AIRMAN RECRUIT</p> <p>*City: BRIGADIER GENERAL</p> <p>*State: CADET</p> <p>*Zip: CAPTAIN</p> <p>*Country: CAPTAIN (NAVY, COAST GUARD)</p> <p>*Phone Number: CHAPLAIN</p> <p>Email Address: CHIEF MASTER SERGEANT</p> <p>*Mail To: CHIEF MASTER SERGEANT OF THE AIR FORCE</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of my academic grades, and academic performance for this POC only.</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information concerning any adverse action against me for this POC only.</p> <p>Remarks: (limit 255 characters) </p>	<p>Point of Contact 2</p> <p>--- SELECT ---</p> <p>--- SELECT ---</p> <p></p> <p></p> <p></p> <p>--- SELECT ---</p> <p>--- SELECT ---</p> <p>--- SELECT ---</p> <p>--- SELECT ---</p>
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Fields in bold and with an asterisk (*) are required

<p>Point of Contact 1</p> <p>*Relationship: --- SELECT ---</p> <p>*Title: FIREMAN APPRENTICE FIREMAN RECRUIT FIRST LIEUTENANT FIRST SERGEANT FLEET ADMIRAL GENERAL GENERAL OF THE AIR FORCE GENERAL OF THE ARMY GUNNERY SERGEANT HONORABLE LANCE CORPORAL LIEUTENANT LIEUTENANT COLONEL LIEUTENANT COMMANDER LIEUTENANT GENERAL LIEUTENANT JUNIOR GRADE MAJOR MAJOR GENERAL MASTER CHIEF PETTY OFFICER MASTER CHIEF PETTY OFFICER OF THE COAST GUARD MASTER CHIEF PETTY OFFICER OF THE NAVY MASTER GUNNERY SERGEANT MASTER SERGEANT MASTER WARRANT OFFICER MIDSHIPMAN OFFICER CANDIDATE PETTY OFFICER FIRST CLASS PETTY OFFICER SECOND CLASS PETTY OFFICER THIRD CLASS PLATOON SERGEANT </p> <p>Middle: <input style="width: 100%;" type="text"/></p> <p>*Last Name: <input style="width: 100%;" type="text"/></p> <p>Name Suffix (i.e. Jr., III): <input style="width: 100%;" type="text"/></p> <p>Branch: --- SELECT ---</p> <p>Rank: --- SELECT ---</p> <p>Status: --- SELECT ---</p> <p>*Street Address 1: <input style="width: 100%;" type="text"/></p> <p>Street Address 2: <input style="width: 100%;" type="text"/></p> <p>*City: <input style="width: 100%;" type="text"/></p> <p>*State: <input style="width: 100%;" type="text"/></p> <p>*Zip: <input style="width: 100%;" type="text"/></p> <p>*Country: <input style="width: 100%;" type="text"/></p> <p>*Phone Number: <input style="width: 100%;" type="text"/></p> <p>Email Address: <input style="width: 100%;" type="text"/></p> <p>*Mail To: <input style="width: 100%;" type="text"/></p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of my academic grades, and academic performance for this POC only.</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information concerning any adverse action against me for this POC only.</p> <p>Remarks: (limit 255 characters) <input style="width: 100%; height: 40px;" type="text"/></p>	<p>Point of Contact 2</p> <p>--- SELECT ---</p> <p>--- SELECT ---</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p>--- SELECT ---</p> <p>--- SELECT ---</p> <p>--- SELECT ---</p>
---	---



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Fields in bold and with an asterisk (*) are required

Point of Contact 1		Point of Contact 2	
*Relationship:	--- SELECT ---	--- SELECT ---	--- SELECT ---
*Title:	PLATOON SERGEANT PRIVATE PRIVATE FIRST CLASS PRIVATE-1 PRIVATE-2 PROFESSOR RABBI REAR ADMIRAL LOWER HALF REAR ADMIRAL UPPER HALF REVEREND SEAMAN SEAMAN APPRENTICE SEAMAN RECRUIT SECOND LIEUTENANT SENIOR AIRMAN SENIOR CHIEF PETTY OFFICER SENIOR MASTER SERGEANT SERGEANT SERGEANT FIRST CLASS SERGEANT MAJOR SERGEANT MAJOR OF THE ARMY SERGEANT MAJOR OF THE MARINE CORPS SPECIALIST SPECIALIST 4 STAFF SERGEANT TECHNICAL SERGEANT UNKNOWN VICE ADMIRAL WARRANT OFFICER ONE COLONEL RETIRED	--- SELECT ---	---
*First Name:		---	---
Middle:		---	---
*Last Name:		---	---
Name Suffix (i.e. Jr., III):		---	---
Branch:		---	---
Rank:		---	---
Status:		---	---
*Street Address 1:		---	---
Street Address 2:		---	---
*City:		---	---
*State:		---	---
*Zip:		---	---
*Country:		---	---
*Phone Number:		---	---
Email Address:	---	---	
*Mail To:	This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you. (i.e. Capt. Jones)		
I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.			
I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of my academic grades, and academic performance for this POC only.			
I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information concerning any adverse action against me for this POC only.			
Remarks: (limit 255 characters)	[Text Area]		

Submit Cancel



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<p>Point of Contact 1</p> <p>*Relationship: <input type="text" value="--- SELECT ---"/></p> <p>*Title: <input type="text" value="--- SELECT ---"/></p> <p>*First Name: <input type="text"/></p> <p>Middle: <input type="text"/></p> <p>*Last Name: <input type="text"/></p> <p>Name Suffix (i.e. Jr., III): <input type="text"/></p> <p>Branch: <input type="text" value="--- SELECT ---"/></p> <p>Rank: <input type="text" value="--- SELECT ---"/></p> <p>Status: <input type="text" value="--- SELECT ---"/></p> <p>*Street Address 1: <input type="text"/></p> <p>Street Address 2: <input type="text"/></p> <p>*City: <input type="text"/></p> <p>*State: <input type="text" value="--- SELECT ---"/></p> <p>*Zip: <input type="text" value=""/> - <input type="text" value=""/></p> <p>*Country: <input type="text" value="United States"/></p> <p>*Phone Number: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p>*Mail To: <input type="text"/></p> <p><small>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you.(i.e. Capt. Jones)</small></p> <p><input type="text"/></p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of my academic grades, and academic performance for this POC only.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information concerning any adverse action against me for this POC only.</p> <p>Remarks: (limit 255 characters) <input type="text"/></p>	<p>Point of Contact 2</p> <p><input type="text" value="--- SELECT ---"/></p> <div style="border: 1px solid #ccc; padding: 5px;"> <p><input type="text" value="--- SELECT ---"/></p> <p>MR</p> <p>MRS</p> <p>MS</p> <p>ADMIRAL</p> <p>AIRMAN</p> <p>AIRMAN APPRENTICE</p> <p>AIRMAN BASIC</p> <p>AIRMAN FIRST CLASS</p> <p>AIRMAN RECRUIT</p> <p>BRIGADIER GENERAL</p> <p>CADET</p> <p>CAPTAIN</p> <p>CAPTAIN (NAVY, COAST GUARD)</p> <p>CHAPLAIN</p> <p>CHIEF MASTER SERGEANT</p> <p>CHIEF MASTER SERGEANT OF THE AIR FORCE</p> <p>CHIEF PETTY OFFICER</p> <p>CHIEF WARRANT OFFICER FIVE</p> <p>CHIEF WARRANT OFFICER FOUR</p> <p>CHIEF WARRANT OFFICER THREE</p> <p>CHIEF WARRANT OFFICER TWO</p> <p>COLONEL</p> <p>COMMAND SERGEANT MAJOR</p> <p>COMMANDER</p> <p>COMMANDER IN CHIEF</p> <p>CORPORAL</p> <p>DOCTOR</p> <p>ENSIGN</p> <p>FIREMAN</p> </div>
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Point of Contact 1		Point of Contact 2
*Relationship:	--- SELECT ---	--- SELECT ---
*Title:	--- SELECT ---	<div style="border: 1px solid black; padding: 5px;"> PLATOON SERGEANT PRIVATE PRIVATE FIRST CLASS PRIVATE-1 PRIVATE-2 PROFESSOR RABBI REAR ADMIRAL LOWER HALF REAR ADMIRAL UPPER HALF REVEREND SEAMAN SEAMAN APPRENTICE SEAMAN RECRUIT SECOND LIEUTENANT SENIOR AIRMAN SENIOR CHIEF PETTY OFFICER SENIOR MASTER SERGEANT SERGEANT SERGEANT FIRST CLASS SERGEANT MAJOR SERGEANT MAJOR OF THE ARMY SERGEANT MAJOR OF THE MARINE CORPS SPECIALIST SPECIALIST 4 STAFF SERGEANT TECHNICAL SERGEANT UNKNOWN VICE ADMIRAL WARRANT OFFICER ONE COLONEL RETIRED </div>
*First Name:		
Middle:		
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Name Suffix (i.e. Jr., III):		
Branch:	--- SELECT ---	
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Status:	--- SELECT ---	
*Street Address 1:		
Street Address 2:		
*City:		
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*Phone Number:		
Email Address:		
*Mail To:	<p>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you. (i.e. Capt. Jones)</p>	
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Remarks: (limit 255 characters)		



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*Relationship: <input type="text" value="--- SELECT ---"/>	<input type="text" value="--- SELECT ---"/>
*Title: <input type="text" value="--- SELECT ---"/>	<input type="text" value="--- SELECT ---"/>
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Street Address 2: <input type="text"/>	Allied Air Force
* City: <input type="text"/>	Allied Army
* State: <input type="text" value="--- SELECT ---"/>	Allied Marine Corps
* Zip: <input type="text" value=""/> - <input type="text" value=""/>	Allied Navy
* Country: <input type="text" value="United States"/>	Allied Organization
* Phone Number: <input type="text"/>	Joint
Email Address: <input type="text"/>	Unknown
	US Air Force
	US Army
	US Coast Guard
	US Marine Corps
	US Navy
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Branch:	--- SELECT ---	--- SELECT ---
Rank:	--- SELECT ---	--- SELECT ---
Status:	<div style="border: 1px solid black; padding: 2px;"> --- SELECT --- ACTIVE INACTIVE RETIRED </div>	--- SELECT ---
*Street Address 1:	<input type="text"/>	<input type="text"/>
Street Address 2:	<input type="text"/>	<input type="text"/>
*City:	<input type="text"/>	<input type="text"/>
*State:	--- SELECT ---	<input type="text"/>
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*Country:	United States	<input type="text"/>
*Phone Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
*Mail To:	<p>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you. (i.e. Capt. Jones)</p> <input type="text"/>	
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*Phone Number: <input type="text"/>	
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 - ALABAMA
 - ALASKA
 - AMERICAN SAMOA
 - ARIZONA
 - ARKANSAS
 - ARMED FORCES AMERICAS, EXCEPT CANADA
 - ARMED FORCES EUROPE, MIDDLE EAST, AND CANADA
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MASSACHUSETTS
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*Relationship:	--- SELECT ---	--- SELECT ---
*Title:	--- SELECT ---	--- SELECT ---
*First Name:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
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*State:	<div style="border: 1px solid black; padding: 5px;"> NEBRASKA NEVADA NEW HAMPSHIRE NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA NORTHERN MARIANA ISLANDS OHIO OKLAHOMA OREGON OVERSEAS PALAU PENNSYLVANIA PUERTO RICO RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA TENNESSEE TEXAS UNITED STATES MINOR OUTLYING ISLANDS UTAH VERMONT VIRGIN ISLANDS VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING </div>	
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*Hair Color:	GRAY	▼
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- AMERICAN BAPTIST CHURCHES
- AMERICAN BAPTIST CHURCHES IN THE USA
- AMERICAN BAPTIST CONVENTION
- AMERICAN COUNCIL OF CHRISTIAN CHURCHES
- AMERICAN LUTHERAN CHURCH
- ANGLICAN ORTHODOX CHURCH
- ASBURY BIBLE CHURCHES
- ASSEMBLIES OF GOD
- ASSOCIATED GOSPEL CHURCHES
- ATHEIST
- BAPTIST BIBLE FELLOWSHIP
- BAPTIST CHURCHES OTHER
- BAPTIST GENERAL CONFERENCE
- BAPTIST MISSIONARY ASSOCIATION OF AMERICA
- BIBLE PRESBYTERIAN CHURCH
- BIBLE PROTESTANT CHURCH
- BRETHREN CHURCH
- BRETHREN IN CHRIST FELLOWSHIP
- BUDDHISM
- CENTRAL BIBLE CHURCH
- CHRISTIAN AND MISSIONARY ALLIANCE
- CHRISTIAN CHURCH (DISCIPLES OF CHRIST)
- CHRISTIAN CHURCHES AND CHURCHES OF CHRIST
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- CHRISTIAN METHODIST EPISCOPAL CHURCH

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Fields in

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*Eye Color:

Blood Type:

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- CHRISTIAN SCIENCE (FIRST CHURCH OF CHRIST, SCIENCE)
- CHRISTIAN-NO DENOMINATIONAL PREFERENCE
- CHURCH OF CHRIST
- CHURCH OF GOD
- CHURCH OF GOD (ANDERSON,IN)
- CHURCH OF GOD (CLEVELAND,TN)
- CHURCH OF GOD GENERAL CONFERENCE
- CHURCH OF GOD IN CHRIST
- CHURCH OF GOD IN NORTH AMERICA
- CHURCH OF GOD IN PROPHECY
- CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS (LDS)
- CHURCH OF THE NAZARENE
- CHURCH OF THE UNITED BRETHREN IN CHRIST
- CHURCHES OF CHRIST
- CHURCHES OF CHRIST IN CHRISTIAN UNION
- CHURCHES OF GOD, GENERAL CONFERENCE
- CONGREGATIONAL METHODIST CHURCH
- CONSERVATIVE BAPTIST ASSOCIATION OF AMERICA
- CONSERVATIVE CONGREGATIONAL CHRISTIAN CONFERENCE
- EASTERN ORTHODOX CHURCHES
- ECKANKAR
- ELIM FELLOWSHIP
- EVANGELICAL CHURCH ALLIANCE
- EVANGELICAL CHURCH OF NORTH AMERICA
- EVANGELICAL CONGREGATIONAL CHURCH
- EVANGELICAL COVENANT CHURCH IN AMERICA
- EVANGELICAL FREE CHURCH OF AMERICA
- EVANGELICAL FRIENDS ALLIANCE
- EVANGELICAL LUTHERAN CHURCHES, AS OF

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Fields in

*Religious Preference:

*Hair Color:

*Eye Color:

Blood Type:

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- EVANGELICAL METHODIST CHURCH
- EVANGELICAL METHODIST CHURCH OF AMERICA
- FELLOWSHIP OF GRACE BRETHREN CHURCHES
- FREE LUTHERAN CONGREGATIONS, THE ASSOCIATION OF
- FREE METHODIST CHURCH OF NORTH AMERICA
- FREE WILL BAPTISTS
- FREE WILL BAPTISTS, NC STATE CONVENTION OF
- FRIENDS
- FULL GOSPEL PENTECOSTAL ASSOCIATION
- FUNDAMENTAL METHODIST CHURCH, INC
- GENERAL ASSOCIATION OF GENERAL BAPTISTS
- GENERAL ASSOCIATION OF REGULAR BAPTIST CHURCHES
- GENERAL CONFERENCE OF THE BRETHREN CHURCH
- GRACE GOSPEL FELLOWSHIP
- GRAL COMM ON CHAPLAINS & AF PERSONNEL
- HINDU
- INDEPENDENT BAPTIST BIBLE MISSION
- INDEPENDENT BAPTIST CHURCHES
- INDEPENDENT CHURCHES AFFILIATED
- INDEPENDENT DENOMINATIONAL ENDORSING AGENCIES
- INDEPENDENT FUNDAMENTAL BIBLE CHURCHES
- INDEPENDENT FUNDAMENTAL CHURCHES OF AMERICA
- INDEPENDENT LUTHERAN CHURCH
- INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL
- JEHOVAH'S WITNESSES
- JEWISH
- KANSAS YEARLY MEETING OF FRIENDS
- LUTHERAN CHURCH IN AMERICA
- LUTHERAN CHURCH-MISSOURI SYNOD
- LUTHERAN CHURCHES

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- LUTHERAN COUNCIL IN THE USA
- METHODIST CHURCHES
- METHODIST PROTESTANT CHURCH
- MILITANT FUNDAMENTAL BIBLE CHURCHES
- MISSIONARY CHURCH
- MISSIONARY CHURCH ASSOCIATION
- MORAVIAN CHURCH
- MUSLIM
- NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN
- NATIONAL ASSOCIATION OF EVANGELICALS
- NATIONAL ASSOCIATION OF FREE WILL BAPTISTS
- NATIONAL BAPTIST CONVENTION OF AMERICA
- NATIONAL BAPTIST CONVENTION, USA, INC.
- NO RELIGIOUS PREFERENCE
- NORTH AMERICAN BAPTIST CONFERENCE
- OHIO YEARLY MEETINGS OF FRIENDS
- OPEN BIBLE STANDARD CHURCHES, INC.
- ORTHODOX PRESBYTERIAN CHURCH
- OTHER RELIGIONS
- PENTECOSTAL CHURCH OF GOD OF AMERICA, INC.
- PENTECOSTAL CHURCHES
- PENTECOSTAL HOLINESS CHURCH
- PLYMOUTH BRETHREN
- PRESBYTERIAN CHURCHES
- PRIMITIVE METHODIST CHURCH
- PRIMITIVE METHODIST CHURCH, USA
- PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.
- PROTESTANT EPISCOPAL CHURCH
- PROTESTANT-NO DENOMINATIONAL PREFERENCES
- PROTESTANT-OTHER CHURCHES

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- PROTESTANT-NO DENOMINATIONAL PREFERENCES
- PROTESTANT-OTHER CHURCHES
- REFORMED CHURCH IN AMERICA
- REFORMED CHURCH IN THE UNITED STATES
- REFORMED CHURCHES**
- REFORMED EPISCOPAL CHURCH
- REFORMED PRESBYTERIAN CHURCH, EVANGELICAL SYNOD
- REORGANIZED CHURCH OF JESUS CHRIST OF LATTER DAY
- ROMAN CATHOLIC CHURCH
- SALVATION ARMY
- SCHWENKFELDER CHURCHES THE GENERAL CONFERENCE OF SEVENTH DAY ADVENTISTS
- SEVENTH DAY BAPTIST CONFERENCE
- SOUTHERN BAPTIST CONVENTION
- SOUTHERN METHODIST CHURCH
- SOUTHWIDE BAPTIST FELLOWSHIP
- SWEDENBORGIAN CHURCH, GENERAL CONFERENCE OF THE WESLEYAN CHURCH
- TIOGA RIVER CHRISTIAN CONFERENCE
- UKRANIAN EVANGELICAL BAPTIST CONFERENCE
- UNITARIAN UNIVERSALIST ASSOCIATION
- UNITED CHRISTIAN CHURCH
- UNITED CHURCH OF CHRIST
- UNITED METHODIST CHURCH
- UNITED PENTECOSTAL CHURCH, INTERNATIONAL
- UNITED PRESBYTERIAN CHURCH EVANGELICAL SYNOD
- UNITED PRESBYTERIAN CHURCH IN THE USA
- UNKNOWN
- WORLD BAPTIST FELLOWSHIP

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Personal Information Card

Fields with an asterisk (*) are required

*Religious Preference:	<input type="text" value="REFORMED CHURCHES"/>
*Hair Color:	<input type="text" value="GRAY"/>
*Eye Color:	<input type="text" value="RED"/>
Blood Type:	<input type="text" value="UNKNOWN"/>

- AUBURN
- BLACK
- BROWN
- BROWN
- GRAY
- RED
- SILVER
- UNKNOWN
- WHITE

Submit Cancel



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Personal Information Card

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*Religious Preference	<ul style="list-style-type: none"> BLACK BLUE BROWN GRAY GREEN HAZEL UNKNOWN VIOLET 	REFORMED CHURCHES
*Hair Color:		
*Eye Color:		
Blood Type:		<input checked="" type="checkbox"/>

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Fields in bold and with an asterisk (*) are required

*Religious Preference:	REFORMED CHURCHES
*Hair Color:	UNKNOWN
*Eye Color:	APOSITIVE
Blood Type:	ANEGATIVE
	ABPOSITIVE
	ABNEGATIVE
	BPOSITIVE
	BNEGATIVE
	OPOSITIVE
	ONEGATIVE

Submit Cancel



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Use this page to upload files for your application.

The only notification you will get is an onscreen message stating whether or not the file was successfully uploaded.

- **Image and PDF uploads** must be **JPG, PNG, GIF, TIFF, BMP, or PDF** and **2MB OR LESS** in size
- **Video uploads** must be **MP4, MOV, 3GP, WMV** and **150MB OR LESS**
- **Rotate files** to a proper reading view (portrait or landscape) before uploading.
- **ONE FORM per upload; combine multi-page forms into a single PDF** (ie, upload each Letter of Recommendation separately, but if a letter is more than one page, combine those pages into a single PDF)
- When uploading **Social Security Card** or **Birth Certificate**, include only the document and no other paperwork, coversheet, or document in that upload. Failure to do so will require a resubmit.
- **ONLY upload documents listed here** in the drop-down "Document type" menu
- **Do NOT mail in forms that you have uploaded, or vice versa**
- If uploading your Social Security card, make sure your **SSN card is SIGNED**.

*Document type: *File: (Images, PDFs & Video)

Your comments about this document: (Max 255 characters - Viewable by Admissions staff)

Previously uploaded files (6):

DOCUMENT	UPLOADED	MY COMMENTS
Social Security Card	5/10/19	
Birth Certificate	5/10/19	
Tattoo Form	5/6/19	
CFA Pushups Video	2/20/19	
CFA Pushups Video	10/13/18	
CFA Pull-ups/Flexed Arm Hang Video	10/13/18	



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Your comments about File by Admissions staff

- AP Scores
- Birth Certificate
- Bodyfat Worksheet
- CFA Pull-ups/Flexed Arm Hang Video
- CFA Pushups Video
- Employer Evaluation
- Legal Paperwork
- Letter of Recommendation
- Proof of Citizenship
- Social Security Card
- Tattoo Form

Previously uploaded files (6):

	UPLOADED	MY COMMENTS
Social Security Card	5/10/19	
Birth Certificate	5/10/19	
Tattoo Form	5/6/19	
CFA Pushups Video	2/20/19	
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CERTIFICATE OF AUTHORIZATION

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PRIVACY ACT STATEMENT AUTHORITY: Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. PRINCIPAL PURPOSE: Collection of data on Academy candidates for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admissions to the United States Military. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

INSTRUCTIONS:

The instructions for completing the Certificate of Authorization should be followed closely to ensure accurate data collection, and to preclude over-collection of information.

Instructions for completing the Certificate of Authorization can be found in the Instructions for Applicants Offered Admissions booklet located on the candidate portal page.

I hereby appoint the United States Military Academy Cadet Accounting Services Office and his/her successor or designee, as custodian and trustee of the initial deposit made by me and the total pay and allowances accruing to me by reason of my appointment to, and duty as, a Cadet at the United States Military Academy. Said custodian shall have the power to deposit said pay and allowances in an account maintained for my use and benefit in such depository as he/she may deem to be in my best interest.

The custodian shall have full authority to invest said funds and to use and/or expend said funds, or any part thereof, for any interest and dividends generated by the Cadet Personal Trust Fund may be used to pay the administrative cost of maintaining the Fund, including the salaries or any persons directly employed by the Fund, whose salaries are not paid with appropriated funds. This certificate of authorization is voluntarily made and shall be and remain in full force and effect during the entire period of my appointment to, and duty as, a Cadet at the United States Military Academy unless sooner revoked.

PRINT NAME (LAST, FIRST, MIDDLE [JR, II, ECT])

SOCIAL SECURITY NUMBER

DATE

SIGNATURE

STATEMENT OF CONSENT

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INSTRUCTIONS:

The instructions for completing the Statement of Consent should be followed closely to ensure accurate data collection, and to preclude over-collection of information.

Instructions for completing the Statement of Consent can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

I/We certify that _____ is not yet 18 years of age and has no other legal guardian than me/us. I/We have read the entire contents of USMA 5-50. USMA form 5-50 consists of the Oath of Allegiance, the Agreement to Serve, and an affirmation of marital status, child support, spousal support, and custody obligations; thereby obligating my/our son/daughter in accordance with those terms.

Candidate's Social Security Number: _____ - _____ - _____

Date: _____

PARENT/LEGAL GUARDIAN

OTHER PARENT/LEGAL GUARDIAN

**DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE/GUARD/CIVILIAN
FORCES DENTAL EXAMINATION**

OMB No. 0720-0022
OMB approval expires
December 31, 2019

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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; DoDD 1404.10, DoD Civilian Expeditionary Workforce; DoDI 6025.19, Individual Medical Readiness; and E.O. 9397 (SSN), as amended.

PURPOSE: To collect information necessary to determine your readiness to participate in a deployment with the U.S. Armed Forces.

ROUTINE USE(S): Your information may be shared with other Federal and State agencies and civilian health care providers, as necessary, to provide medical care and treatment and to guide possible referrals. The DoD Blanket Routine Uses may apply to this system. The complete list of DoD Blanket Routine Uses can be found online at: <http://dpcl.d.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>. The Military Services individual system of records notices may have additional routine uses. They can be found at the individual links listed below. 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. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. The applicable system of records notices and links to the full text are listed below.

Army: A0040-66b DASG, Health Care and Medical Treatment Record System, <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-view/Article/569974/a0040-66b-dasg/>

Navy: N06150-2, Health Care Record System, <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-view/Article/570394/n06150-2/>

Air Force: F044 AF SG E, Medical Record System, <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569877/f044-f-sg-e/>

DISCLOSURE: Voluntary. However, failure to provide the information requested may result in delays in assessing your dental health needs for military service and/or for possible deployment.

1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. BRANCH OF SERVICE
4. UNIT OF ASSIGNMENT	5. UNIT ADDRESS	

6. EXAMINATION RESULTS
Dear Doctor,
The individual you are examining is an Active Duty/Guard/Reserve/Civilian member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block** that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. **determine fitness for prolonged duty without ready access to dental care and is not intended to comprehensive dental needs.**

- (1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months
- (2) Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).
- (3) Patient has oral conditions that you **do** expect to result in dental emergencies within 12 months if not treated.
Examples of such conditions are: (X *the applicable block* or specify in the space provided)
- (a) **Infections:** Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
- (b) **Caries/Restorations:** Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
- (c) **Missing Teeth:** Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
- (d) **Periodontal Conditions:** Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
- (e) **Oral Surgery:** Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
- (f) **Other:** Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please indicate the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

(5) Were X-rays consulted?	IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)
----------------------------	--

6. DENTIST'S NAME (Last, First, Middle Initial)	7. DENTIST'S TELEPHONE NUMBER (Include Area Code)
--	--

9. DENTIST'S SIGNATURE'S LICENSE NUMBER	10. DATE OF EXAMINATION (YYYYMMDD)
--	---



USMA Immunizations Record Form



AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0060, is estimated to average 15 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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 currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 32 CFR § 575.2, Admission; general and § 575.3, Appointments; sources of nominations. T AR 600-20, Army Policy Command, AR 40-562, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, AR 40-66, Medical Record Administration and Healthcare Documentation, AR 40-501, Standards of Medical Fitness. **PRINCIPAL PURPOSE(S):** To document the immunizations required to enroll candidates into the United States Military Academy and to promote a safe academic environment. **ROUTINE USE(S):** USMA may release information without prior consent within USMA when needed to perform an official duty, IAW 5 U.S.C. § 552a (b)(1). USMA also may release information outside the USMA, in accordance with 5 U.S.C. section 552a (b) (2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osd>.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of candidate enrollment and admission.

****USMA - Questions regarding this form may be addressed to the Mologne Cadet Health Clinic at (845) 938-3003****

**** USMAPS (Preparatory School) - Questions regarding this form may be addressed to KACH Immunizations Clinic at (845) 938-8476****

Do not return this page with the forms. This is an informational page only.

Name (Last, First, MI) _____ Date of Birth _____

Part II - Completed by Primary Care Provider (Please Print Clearly) PLEASE USE (DDMMYYYY) FORMAT

INSERT DATE VACCINE WAS RECEIVED AND ATTACH ANY TITERS DRAWN IN PLACE OF VACCINATIONS

Hepatitis A (Hep A)	Hepatitis B (Hep B)	Hepatitis A and B (TwinRX)	PPD <small>(If indicated by MEDCOM Form 829)</small>
1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	mm _____
	3 _____	3 _____	POS / NEG

Inactivated Polio Vaccine <small>(IPV) Required by DOD after age 18</small>	Measles, Mumps, Rubella (MMR)	Meningococcal ACWY After age 16
1 _____ <small>Leave blank if not yet 18y/o</small>	1 _____ 2 _____	1 _____ Type _____

Tetanus, Diphtheria, and Pertussis One Tdap Required - List Most Recent Tdap	HPV <small>(optional, not required)</small>	Varicella (Chicken Pox)
1 _____ Type: Tdap	1 _____	1 _____
If TD was given <u>after</u> Tdap, list most recent TD	2 _____	2 _____
1 _____ Type: TD	3 _____	____ Titers Attached

Allergies

1 _____ Reaction _____

2 _____ Reaction _____

3 _____ Reaction _____

4 _____ Reaction _____

Primary Care Provider Signature: _____

Primary Care Provider Name: _____

Office Address: _____

Telephone Number: _____

VISION EXAM

AGENCY DISCLOSURE NOTICE

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PRIVACY ACT STATEMENT AUTHORITY: Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal AccQunts Relating to Individual Persons. PRINCIPAL PURPOSE: Collection of data on Academy candidates for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admissions to the United States Military. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

INSTRUCTIONS:

The instructions for completing the Vision Survey should be followed closely to ensure accurate data collection, and to preclude over-collection of information.

Instructions for completing the Vision Survey can be found below.

PART I. You must complete all items in this section, whether or not you wear eyeglasses or contact lenses.

PART II. Your Optometrist or Eye Physician must complete all items in this section so the West Point Eye Clinic can order two pairs of military glasses and one EyePro insert for you prior to your arrival.

SPECIAL INSTRUCTIONS TO EYE DOCTOR

Spectacle Prescription: Even if your patient wears contact lenses full or part time, please complete the eyeglass prescription in MINUS cylinder form which provides the best full-time wear distance visual acuity.

Frame size: The frame to be provided at West Point will be a medium weight, black plastic frame. It is S-10 shape (10mm difference between vertical and horizontal lens dimensions.) If patient presently wears a frame of a different style, write in the actual or estimated plastic frame size. Be sure to include PD (Required). Standard base curves will be ordered unless otherwise specified.

THIS FORM SHOULD REACH USMA NOT LATER THAN THE THIRD FRIDAY IN MAY. LATE APPOINTEES: PLEASE MAIL AS SOON AS POSSIBLE.



POLICE RECORD CHECK

OMB No. 0702-0060
OMB Approval Expiration
MMM DD, YYYY

AGENCY DISCLOSURE NOTICE

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The instructions for completing the Police Record Check should be followed closely to ensure accurate data collection, and to preclude over-collection of information. Instructions for completing the Police Record Check can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

SECTION I-To be completed by applicant.

1. NAME OF APPLICANT (Last, First, Middle)		2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		3. PLACE OF BIRTH a. City b. County c. State		
4. DATE OF BIRTH	5. RACE <input type="checkbox"/> a. Amer. Indian/Alaskan Native <input type="checkbox"/> d. Native Hawaiian or other Pacific Islander <input type="checkbox"/> b. Asian <input type="checkbox"/> e. White <input type="checkbox"/> c. Black or African American				6. SSN	
7. ADDRESS a. NUMBER & STREET/APT. NO. b. CITY c. STATE			8. DATES AT THIS ADDRESS a. FROM b. TO			

The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with federal law and regulations. Making a knowing and willing false statement on this USMA Form 5-521 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignments, security clearances, court martial and administrative proceedings, etc.

9. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW

SIGNATURE	DATE
-----------	------

SECTION II: (TO BE COMPLETED BY POLICE OR JUVENILE AGENCY)

The person described above, who claims to have resided at the address shown above, has applied to the United States Military Academy at West Point. Please furnish from your files the information relative to Section II below. A return envelope is provided for your convenience.

10. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?

- YES If Yes, what was the offense or charge, date, disposition and sentence? Explain below.
- NO

11. IS THE APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? YES NO

If yes, give details.

MAIL TO:

DIRECTOR OF ADMISSIONS
UNITED STATES MILITARY ACADEMY
OFFICIAL MAIL & DISTRIBUTION CENTER
646 SWIFT ROAD
WEST POINT, NY 10996-1905

THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.

12. DATE	13. TITLE
14. VERIFIED BY (Signature)	

REQUEST FOR FINAL TRANSCRIPT

AGENCY DISCLOSURE NOTICE

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INSTRUCTIONS:

The instructions for completing the Request for Final Transcript should be followed closely to ensure accurate data collection, and to preclude over-collection of information.

PRINT NAME (FIRST, MIDDLE, LAST [JR, II, ECT])

SOCIAL SECURITY NUMBER

The student named above has been accepted for admission to the United States Military Academy. To complete the file, it is necessary that we have a copy of the final senior year grades and the final four-year grade-point average. Please complete this form as accurately as possible and submit it, WITH A COPY OF THE FINAL SENIOR YEAR GRADES, as soon as the current academic year ends. A pre-addressed, postage-free envelope is provided.

Official High School Name

School Phone Number

Address

City

State

Zip Code

Candidate's Final (Cumulative) GPA

Indicate How GPA Was Determined

DATE

SIGNATURE

Title

Send to United States Military Academy Admissions, 646 Swift Road, West Point, NY 10996-1905

JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

Authority: Title 37 USC, Section 101.
Principal Purpose: To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.
Routine Use: To establish the pay account of the MMPF.
Disclosure: Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

1. HOW DO YOU WANT TO BE PAID? (X one item.) <input type="checkbox"/> a. Once a Month <input type="checkbox"/> b. Twice a Month	2. METHOD OF PAYMENT (X one item.) <input type="checkbox"/> a. Sure Pay/Direct Deposit (Complete Section 4.) <input type="checkbox"/> b. Check to Address (Complete 5.)
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)	
<input type="checkbox"/> a. If a held pay amount is also desired, check box and enter amount.	b. SPECIFY AMOUNT \$

4. SURE PAY/DIRECT DEPOSIT (X one box.)	
<input type="checkbox"/> a. SF 1199A attached. (Complete items (1) through (5)).	<input type="checkbox"/> b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)).
(1) NAME OF FINANCIAL ORGANIZATION	
(2) SAVINGS OR CHECKING ACCOUNT NO	(3) NAME OF ACCOUNT HOLDER
(4) STREET NO., RR NO., P.O. BOX	(5) CITY, STATE, ZIP CODE (Or Country)

5. CHECK TO ADDRESS (Provide complete mailing address.)				
a. STREET NO., RR NO., P.O. BOX				
b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY	

6. REMARKS

7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.				
a. TYPED OR PRINTED NAME			e. NAME AND ADDRESS OF ORGANIZATION	
b. SSN				
c. SIGNATURE		d. DATE		

Tattoo Data Form

AGENCY DISCLOSURE NOTICE

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INSTRUCTIONS:

The instructions for completing the Tattoo Questionnaire should be followed closely to ensure accurate data collection, and to preclude the over-collection of information

Instructions: Please carefully review the policy below and complete the questionnaire. Additional instructions for completing the Tattoo Data form can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

Army Regulation 670-1 dictates the Wear and Appearance of Army Uniforms and Insignia. Below is a synopsis of the Army's tattoo policy, as well as a description of tattoos that are not authorized for Soldiers to have.

TATTOO POLICY

Unauthorized tattoo locations:

- On the head, face, & neck, (anything above the T-shirt line to include on/inside the eyelids, mouth, & ears)
- On the hands, fingers, wrists (below the wrist bone)
- Each visible tattoo below the elbow or below the knee must be smaller than the size of the wearer's hand (with fingers extended & joined with the thumb touching the base of the index finger)
- Soldiers may have no more than 4 total visible tattoos (smaller than the size of the wearer's hand) below the elbow or below the knee

CATEGORIES OF UNAUTHORIZED TATTOOS

- Extremist tattoos or brands are those affiliated with, depicting, or symbolizing extremist philosophies, organizations, or activities.
- Indecent tattoos or brands are those that are grossly offensive to modesty, decency, propriety or professionalism.
- Sexist tattoos or brands are those that advocate philosophy that degrades or demeans a person based on gender but may not meet the same definition of "indecent."
- Racist tattoos or brands are those that advocate a philosophy that degrades or demeans a person based on race, ethnicity, or national origin.

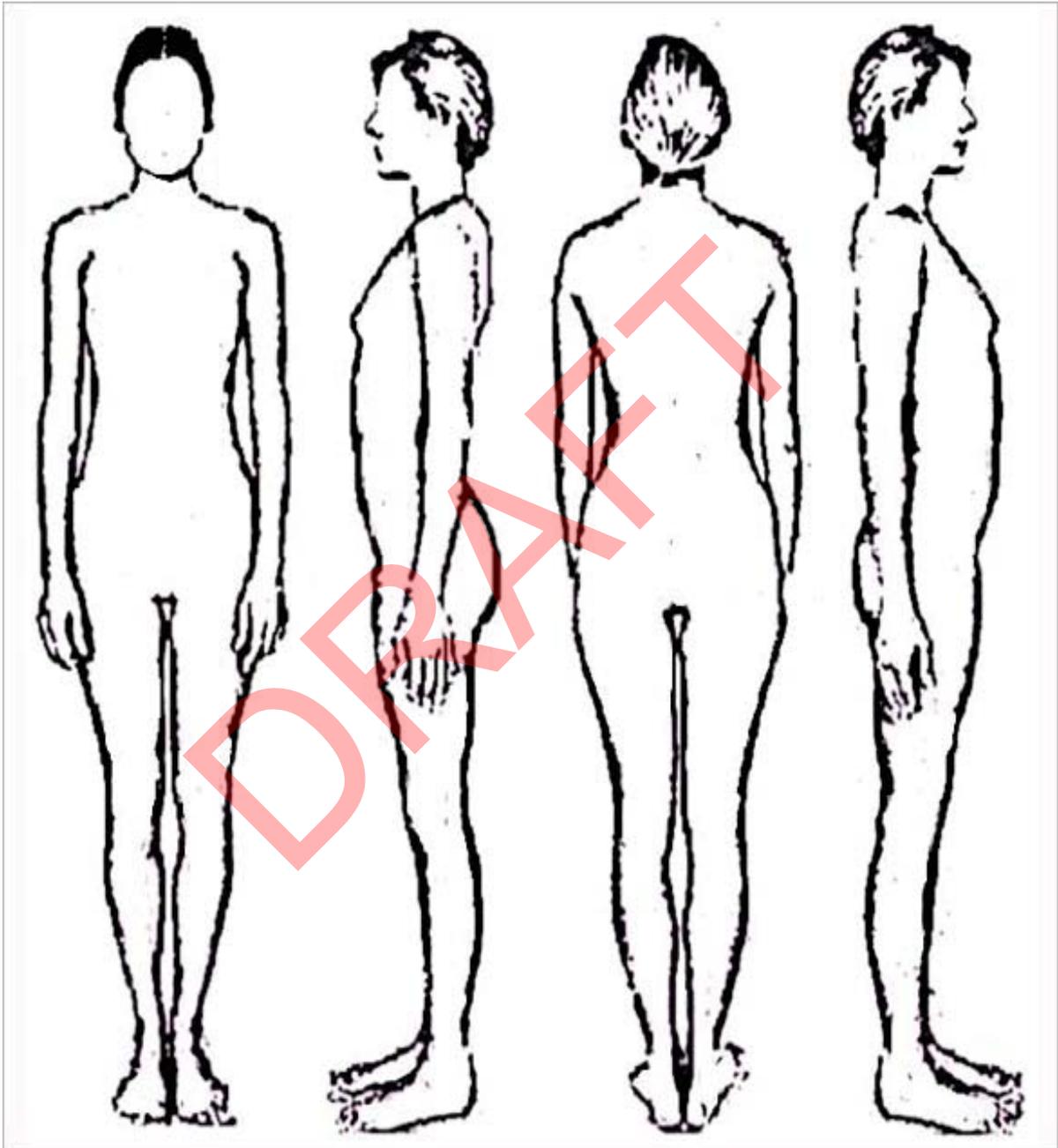
Candidate Name: _____

Candidate ID: _____

1. Do you have a tattoo(s)? Yes No
If no, please go to the bottom of this questionnaire.

2. If so, how many tattoos do you have?

3. Please circle the appropriate area of your body on the silhouettes below where the tattoo(s) are located.



4. Please provide a brief description of your tattoo(s).

Any tattoos, or lack thereof, will be documented and verified upon arrival to the United States Military Academy on Reception Day (R-Day).