



EMERGENCY CONTACT INFORMATION

SCHOOL EMAIL: _____

NAME: _____ PERSONAL EMAIL: _____

(Last, First Middle (SPELL OUT))

UNIVERSITY: _____ ACADEMIC YEAR: _____ STUDENT ID: _____

SEX: MALE FEMALE DATE OF BIRTH: _____
(mm/dd/yy)

ACADEMIC MAJOR: _____ ACADEMIC ADVISER: _____

PROJECTED GRADUATION DATE: _____ ACADEMIC ADVISER EMAIL: _____

HOME ADDRESS: _____

CELL PHONE #: (____) _____ HOME PHONE #: (____) _____

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE #: (____) _____ HOME PHONE #: (____) _____

WORK PHONE #: (____) _____ WORK PHONE #: (____) _____

EMAIL: _____ EMAIL: _____

AUTHORITY FOR RELEASE OF INFORMATION

By signing this statement, I DO I DO NOT authorize detachment personnel to discuss personal information

related to my membership in the AFROTC program to my parents or guardians. Topics of concern may include, but are not limited to; medical issues, grades, scholarship and tuition payments, uniform fees, or any other issues deemed necessary by detachment personnel. This statement will be on file in my personnel records at the detachment. I may change my election at any time by filling out a new form.

Signature of Cadet

Date