

ENROLLMENT INFORMATION SHEET

PRINT: _____ MS CLASS: _____
 LAST NAME, FIRST NAME, MIDDLE INITIAL

MAJOR: _____ GRADUATION DATE: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 522a)

1. **AUTHORITY:** Internal Security Act of 1950 and Executive Orders 10450, 12036, and 12065 and Executive Order Title 10, USC Selection 2102 – 2111 and Section 3012 (AR 145-1).
2. **PRINCIPAL PURPOSE:** To obtain background information to determine eligibility for enrollment in the Army ROTC Program.
3. **ROUTINE USES:** (a) Initial screening to determine eligibility for enrollment; (b) Provide evaluators with personal history information relevant to eligibility for ROTC contracting.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure is voluntary. However, failure to provide complete and accurate information and provide responses may result in non-selection for enrollment and contracting in the Army ROTC Program.

INFORMATION OBTAINED IS USED FOR ENROLLMENT PURPOSES—THAT IS NOT INTENDED TO BE AN AUTOMATIC DISQUALIFICATION PROCESS. ALL INFORMATION IS TAKEN INTO ACCOUNT AND EVALUATED ON A CASE BY CASE BASIS TO DETERMIN EIF A WAIVER IS WARRANTED.

1. **CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES:**

Have you ever been arrested, indicted, or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any and all proceedings involving juvenile or adult criminal offenses, excluding traffic violations which involved a fine or forfeiture of \$250 or less? Have you ever been convicted, fined, imprisoned, placed on probations, paroled, or pardoned, except traffic violations as defined above (REGARDLESS of whether the records in your case have been “sealed” or otherwise stricken from the court records)?

YES _____ NO _____ (If yes, please explain below)

DATE	NATURE OF OFFENSE OR VIOLATION	NAME AND LOCATION OF POLICE AGENCY AND COURT	PENALTY IMPOSED OR OTHER DISPOSTION

2. DRUG/ALCOHOL ABUSE:

Have you ever used any narcotic, depressant, stimulant, hallucinogen (LSD, PCP), or cannabis (marijuana, hashish)?

YES _____ NO _____ (If yes, please explain)

Name of narcotic, depressant, stimulant, and hallucinogen (marijuana, hashish, LSD, etc.):

When was the first time you used it?

When was the last time you used it?

How many occasions did you use it?

What are your feelings with reference to trying any of the above again?

Have you ever been involved in the illegal sale of narcotic, depressant, stimulant, hallucinogen, or cannabis?

YES _____ NO _____

Has your use of alcoholic beverages ever resulted in loss of a job, arrest by police, or treatment for alcoholism?

YES _____ NO _____

3. MEDICAL CHANGES:

Have there been any medical changes (surgeries, major illnesses, etc.) since your last DODMERB Physical?

YES _____ NO _____ (If yes, please explain)

List of medical changes:

I will notify the PMS or my advisor on any future information pertaining to any charges of criminal conduct against myself as well as use of any illegal substance or medical changes and I shall do so as soon as practical under the circumstances.

I certify that the above entries made by me are true, complete, and accurate to the best of my knowledge and belief, and are made in good faith.

SIGNATURE

DATE