<table>
<thead>
<tr>
<th>Last Name, First Name MI</th>
<th>School Name/Address</th>
<th>Date Entered JROTC</th>
</tr>
</thead>
</table>

**TITLE OF FORM:** PRIVACY ACT STATEMENT

**PRESCRIBING DIRECTIVE:** AR 145-2

**AUTHORITY:** Title 10 USC 2031

**PRIMARY PURPOSE:** To maintain a record of leadership training progress and extracurricular activities of a Junior ROTC cadet.

**ROUTINE USES:**
- Used to comply with U.S. Army requirements to provide a chronological record of the cadet's progress in Junior ROTC.
- Information is used to prepare the following: school transcripts, promotion/reduction orders, awards and decorations. It is also used as a record of positions held, extracurricular activities, parental permission, and physical condition.
- Information is used as the basis for preparing Cadet Command Form 226-R (Certificate of Training).

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:**

Disclosure of some information is voluntary, other is mandatory; failure to provide mandatory information would result in disenrollment from the program.

A COPY OF THIS PRIVACY ACT STATEMENT WILL BE MADE AVAILABLE UPON REQUEST.

I have this Privacy Act Statement. I further agree to accept responsibility for safeguarding, maintaining, and accounting for any government property issued to me. If applicable to this unit, I have also been briefed and understand my responsibilities when in possession of Marksmanship Program equipment.

(Signature of parent or guardian also required if cadet is under the age of 18.)

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN (Print Name)</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH STATEMENT</strong></td>
<td></td>
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</tbody>
</table>

MY (OUR) SON/DAUGHTER: __________________________________________

(Print Student's Full Name)

has no medical condition or impairment (except as noted below) that would preclude his/her full participation in the Army Junior Reserve Officers' Training Corps, and has my (our) permission to participate in any and all JROTC sponsored classes, training, and activities.

**LIMITATIONS**

<table>
<thead>
<tr>
<th>TYPED OR PRINTED NAME OF PARENT OR GUARDIAN (Health Statement)</th>
<th>SIGNATURE OF PARENT OR GUARDIAN (Health Statement)</th>
</tr>
</thead>
</table>