COLLEGE/ HIGH SCHOOL ACTIVITIES AND ACHIEVEMENTS

ACTIVITY	OFFICES HELD	FROM	TO	AWARDS

COLLEGE/ HIGH SCHOOL SPORTS

SPORT	VARSITY / INTRAMURAL	FROM	TO	AWARDS/LETTERS/CHAMPIONSHIPS

SCHOLARSHIPS AND ROTC PARTICIPATION

HIGH SCHOOL SCHOLARSHIPS

ROTC PARTICIPATION/SCHOLARSHIPS

DO YOU HAVE ANY OBLIGATION FOR SCHOLARSHIPS RECEIVED?

LOCAL AND NATIONAL ORGANIZATIONS

NAME OF ORGANIZATION	TYPE OF ORGANIZATION	FROM	TO	OFFICES HELD/LEVEL ATTAINED

FORMER SCOUT MEMBER? YES ☐ NO ☐ HIGHEST SCOUT LEVEL

OTHER ACTIVITIES/VOLUNTEER WORK

SERVICE BACKGROUND

Have you ever been or are you now a member of ROTC? *(If Yes, please explain)*

Have you ever been disenrolled or failed any military program? *(If Yes, please explain)*

Have you previously applied for any officer program? *(If Yes, please explain)*

Have you ever tested or taken a physical for military service? *(If Yes, please explain)*

Have you ever been rejected for military service? *(If Yes, please explain)*

Armed Forces served in:		Dates of Service	
Most Recent Unit Name		Address:	
Final Grade (Rank)		Discharge Type/Code	
Job Specialty		Security Clearance	
Any UCMJ's/NJP's/Courts Martial?		Adverse Remarks?	

List all service commendations/awards, etc.

SERVICE INJURY STATUS

Have you applied for or received a disability rating, relating to an Armed Forces injury?

CONSCIENTIOUS OBJECTOR STATUS

Are you a conscientious objector? *(i.e., refuse to bear arms)* YES ☐ NO ☐

SOLE SURVIVOR

Are you a "sole survivor?" | YES ☐ | NO ☐

*Definition of sole survivor: Only remaining Son **OR** daughter in a family where an immediate member was killed in action **OR** died in the line of duty, **OR** is captured or missing in action, **OR** is 100% disabled **AS A RESULT OF SERVICE IN THE ARMED FORCES.***

MEDICAL HISTORY (any conditions/illnesses/injuries, etc. which required treatment)

Mo/Yr	Illness/Injury/Condition	

MEDICAL INSURANCE PROVIDER: ____

MOVING (Traffic) VIOLATIONS

Briefly list **ALL** citations; do not list parking tickets. Incidents involving alcohol or drugs should be explained in "Non-Traffic" violations.

Mo/Yr	Violation	City - State	Cited by: (Police/HP, etc)	Penalty Paid/Points

"NON-TRAFFIC" CITATIONS

Briefly list **ALL** non-traffic violations charge with, including alcohol/drug driving citations.

Mo/Yr	Place of Violation *(authority/court)*	Original Charge	Final Charge	Penalty(ies) *(fines/counseling, etc)*	Probation/Community Service/Deferment Dates

EXPERIMENTATION WITH CONTROLLED SUBSTANCES

Briefly list **ANY** use of controlled substances/drugs not prescribed by a medical professional.

Dates Used		Substance Name	Approx. # Times Used	Method of Use	Circumstances of Use/ Related Arrests or Charges
From	*To*				

EMPLOYMENT HISTORY, AGE 16 TO PRESENT (Undergraduates only - all others will complete a Security Questionnaire)

Dates		Employer Name	Hours p/week	Duties and Responsibilities	Fired or Relieved?
From	*To*				

PLEASE LIST ANY FAMILY MEMBERS WHO HAVE SERVED OR ARE NOW SERVING IN THE ARMED FORCES

Relationship	*Name of Family Member*	*Military Service(s) of this person*	*Grade (a.k.a. rank)*

PARENT'S NAMES, ADDRESS, PHONE AND EMAIL

ADDITIONAL INFORMATION NOT INCLUDED IN PREVIOUS ENTRIES

Why I Want to Serve as a Marine Corps Officer

(Hand written, in ink)

Signature

Printed Name

TO THE OFFICER APPLICANT:

THE FOLLOWING FORMS ARE FOR YOUR SIGNATURE ONLY. WE WILL FORWARD THESE TO THE APPROPRIATE AGENCIES, ETC. TO COMPLETE YOUR APPLICATION AND/OR TO VERIFY YOUR GOOD STANDING, ONCE YOU ARE APPROVED FOR THE COMMISSIONING PROGRAMS. PLEASE DO NOT FILL THESE OUT, SIMPLY SIGN AT THE "X" AND RETURN THESE WITH THE PRECEEDING BACKGROUND PKG.

DATA REQUIRED BY THE PRVACY ACT OF 1974
(5 U. S. C. 552A)

PART A GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a on-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms elated to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

SYSTEM DESCRIPTION	SYSTEM NUMBER
Marine Corps Military Personnel Records System	MMN 00006
Bond and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MFD 00003

3. ROUTINE USES

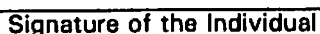
Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Informatiion is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number if mandatory.

PACT C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.



Date	Signature of the Individual	Social Security No.

PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS (5211)

NAVMC 11000 (REV. 5-90) (EF) SN: 0109-LF-064-8800

(File Original in OQR or SRB; Provide Copy to Individual)

United States Marine Corps
Officer Selection Office
College Building Suite 205A
Ft Collins, CO 80524

Voice: 970.484.8971/8975
FAX: 970.484.4017

AUTHORIZATION FOR RELEASE OF INFORMATION

(Carefully read this authorization to release information about you, then sign and date it in ink)

TO: ______________________________

____

INFORMATION/DOCUMENTS REQUESTED:

____

____

____

I Authorize this agency and its representatives to obtain any information relating to my activities and history from individuals, schools, medical treatment facilities, physicians and therapists, residential management agents, employers, criminal justice agencies or other sources of information. This information may include, but is not limited to, my academic, achievement, medical, performance, disciplinary, employment, and criminal history.

I Understand that, for medical institutions, hospitals, health care professionals and other sources of information, that the request will be specific to an illness, injury or treatment.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the representitive of this agency, regardless of previous agreements to the contrary.

I Have been advised of the provisions of the Privacy Act of 1974.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed or upon the termination of my affiliation with this authorization, whichever is sooner.

Signature (in ink)	*Full Name*			*Date Signed*
X				
Other names used:	*Date of Birth*	*SSAN:*		
Current Address: (Street, City, State)		*Zip Code*	*Home Phone (Include Area Code)*	

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

This form will not be used for authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

Privacy Act of 1974 applies.

PATIENT DATA

Name (Last, First, MI)	Date of Birth (YYYYMMDD)	Patient SSN

Period of treatment (YYYYMMDD - YYYYMMDD)

Type of Treatment: ☐ Outpatient ☐ Inpatient ☐ Both

DISCLOSURE

I authorize ______________________

(Name of MTF/DTF) to release my patient information to:

UNITED STATES MARINE CORPS OFFICER SELECTION OFFICE
706 S. COLLEGE AVE, STE 205A - FT COLLINS, CO 80524-9860

VOICE: 970.484.8971/8975 FAX: 970.484.4017

Reason for Request/Use of Medical Information:
- ☐ Personal Use
- ☐ Insurance
- ☐ Continued Medical Care
- ☐ School
- ☐ Legal
- ☐ Retirement/Separation
- ☒ Other (please specify)

APPLICATION AND/OR RETENTION IN USMC OFFICER PROGRAM

Information to be Released:

MEDICAL EXAMINATIONS/TREATMENTS/CONSULTATIONS AND SUPPORTING DOCUMENTS

Authorization Start Date (YYYYMMDD):

Authorization Expiration:
☐ Date
(YYYYMMDD) INDEFINITE
☐ Action Completed

RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility to release the information described above to the named individual/organization indicated.

Signature of Patient/Parent/Legal Patient Representative	Relationship to Patient (if applicable)	Date (YYYYMMDD)
X	SELF	

For Staff Use Only (To Be Completed only Upon Receipt of Written Revocation)

☐ AUTHORIZATION REVOKED Revocation completed by ____________ Date

Imprint of Patient Identification Plate When Available

Sponsor Name:
Sponsor Rank:
FMP/Sponsor SSN:
Branch of Service:
Phone Number:

POLICE RECORD CHECK	1. DATE OF REQUEST *(YYYYMMDD)*	*Form Approved* *OMB No. 0704-0007* *Expires Oct 31, 2006*

The public reporting burden for this collection of information is estimated to average 27 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0007), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.

SECTION I - *(To be completed by Recruiting Service)*

2. NAME OF APPLICANT *(Last, First, Middle Name(s), Alias)*	3. SEX	4. PLACE OF BIRTH a. CITY	b. COUNTY	c. STATE
	☐ MALE ☐ FEMALE			

5. DATE OF BIRTH *(YYYYMMDD)*	6.a. RACIAL CATEGORY *(X one or more)*	b. ETHNIC CATEGORY	7. SOCIAL SECURITY NUMBER
	☐ (1) AMERICAN INDIAN/ALASKA NATIVE ☐ (2) ASIAN ☐ (3) BLACK OR AFRICAN AMERICAN ☐ (4) WHITE ☐ (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ (6) DECLINE TO RESPOND	☐ (1) HISPANIC OR LATINO ☐ (2) NOT HISPANIC OR LATINO ☐ (3) DECLINE TO RESPOND	

8. ADDRESS IN ADDRESSEE'S JURISDICTION *(See "MAIL TO" block)* / 9. DATES RESIDED AT THIS ADDRESS

a. NUMBER AND STREET *(Include apartment no.)*	b. CITY	c. STATE	d. ZIP CODE	a. FROM *(YYYYMMDD)*	b. TO *(YYYYMMDD)*

10. PERSON MAKING THIS REQUEST

a. NAME *(Last, First, Middle Name(s))*	b. RANK	c. SIGNATURE	d. TITLE
HAGER, MATTHEW L.	CAPT		Officer Selection Officer USMC

SECTION II - *(To be completed by Applicant)*

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102; E.O. 9397.
PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States.
ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; to any component of the Department of Justice for the purpose of representing the DoD.
DISCLOSURE: Voluntary; however, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States.

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 willful false statement on this DD Form 369 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 assignment, security clearances, court martial and administrative proceedings, etc.

11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.	SIGNATURE X

SECTION III - *(To be completed by Police or Juvenile Agency)*

The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.

12. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? ☐ YES ☐ NO
(If YES, what was the offense or charge, date, disposition and sentence?)

13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? *(If YES, give details.)* ☐ YES ☐ NO

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.

14. DATE *(YYYYMMDD)*	15. TITLE	16. VERIFIED BY *(Signature)*

LAW ENFORCEMENT AGENCY MAIL TO:	RECRUITING AGENCY MAIL FROM:
	Officer Selection Office 706 S College Ave; Ste 205 Fort Collins, CO 80524 Phone: (970) 484-8971 Fax: (970) 482-4017

 PREVIOUS EDITION IS OBSOLETE.