



**DEPARTMENT OF THE AIR FORCE  
AIR FORCE RESERVE OFFICER TRAINING CORPS  
DETACHMENT 290 (AETC)  
UNIVERSITY OF KENTUCKY LEXINGTON KY**

Welcome! On behalf of Lt Col Harrop and the University of Kentucky's Air Force ROTC Cadre, we would like to welcome you to Detachment 290, home of the Flying Wildcats.

In order to enroll into the AFROTC program you must complete the following steps no later **7 August 2020**.

1. Register online: <https://wings.holmcenter.com/applyforafrote> Refer to the AFROTC Online Admissions for Applicants Guide for a step-by-step tutorial ,which was sent to your email address provided.
2. Complete the following documents and upload to WINGS under Supporting Documents.
  - DD Form 2983-Recruit/Trainee Prohibited Activities Form
  - AF Form 28 – Sports Physical
  - Drug Demand Reduction Program Statement of Understanding
  - DD Form 2005 – Privacy Act Statement for Health Care Records
  - Request and Consent for Release of Student Records
  - DD Form 93 – Record of Emergency Data
  - Mail Authorization Release
  - AF Form 2030 – USAF Drug and Alcohol abuse Certificate
  - ACT/SAT Scores
    - web versions acceptable with student's name
  - Transcripts of Completed College Courses, if applicable.
  - Immunizations Record (dates received MMR and Varicella/Chicken Pox)
  - Selective Service Numbers (males only) – this can be obtained at <https://www.sss.gov/>

All documents must be received no later than **3 Aug 20**.

The following tips will be helpful when completing the online forms:

1. Chrome. WINGS and other military websites work best when accessed through Chrome. If you do not already have Chrome installed, it is a free software download that can be found here: <https://www.google.com/chrome/>
2. Adobe Acrobat Pro. This software will allow you to open, view, and manipulate PDFs in the best manner possible. It can be downloaded for free by UK students using your MyUK credentials here: <https://download.uky.edu/index.php>
3. If you have trouble accessing UK downloads, there is a free version of Adobe Acrobat available here: <https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html?promoid=C4SZ2XDR&mv=other>
4. Scanner. If you do not have access to a scanner, you can use your phone. There are many free options in App Store.

What do I need to do now to start prepping for success?

- Start working out! Fitness test standards can be found in the attachment. The first fitness assessment will be late Fall.
- Schedule an appointment to have a sports physical completed by 1 August 2020. Print and take the form below to your appointment. Please double check the form is filled out correctly before you leave the appointment. When it's complete, upload to WINGS under Supporting Documents.

Note: do **not** send any documents with Personal Identifiable Information (PII), such as your Social Security Number, to the Detachment or Cadre's personal email address. All documents must be uploaded to your personal WINGS account under Supporting Documents.

Finally, we will have a mandatory New Student Orientation before classes start. Due to COVID-19

Event: AFROTC New Student Orientation (NSO)

Date: 12 Aug 2020

Who: New cadets (parents are welcomed/encouraged to attend)

Location: Zoom (link will be sent at time of event)

Dress Code: Business Casual (males come clean shaven)

Time: 0900 \*those without their forms completed will be notified by cadre of a 0800 start time

Parking: N/A

What to bring to New Student Orientation:

1. Birth Certificate
2. Social Security Card \*A certified Birth Certificate and signed Social Security Card. Copies WILL NOT be accepted. Both documents will be returned the same day.
3. Be sure to have your WINGS user name/password and bring a laptop if you have one.
4. If you previously served in the military please bring the Original DD Form 214 (copy 4-member copy) or DD Form 785 (we will make a copy and return to you that day). If you are currently serving in the National Guard, Reserves or other service, you must provide a sign DD Form 368 to acknowledge your conditional release prior to commissioning.

If you have any questions, please do not hesitate to call me at 859-357-1986 or email [bgo247@uky.edu](mailto:bgo247@uky.edu)

**X**

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Benjamin M. Gonzales, TSgt USAf  
NCOIC, Personnel

To better assist you, included are some instructions on how to complete the packet that was emailed separately.

DD Form 2983: Recruit/trainee prohibited activities acknowledgement

<b>RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT</b>			
<b>PRIVACY ACT STATEMENT</b>			
<p><b>AUTHORITY:</b> 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.  <b>PRINCIPAL PURPOSE(S):</b> To document your understanding of the prohibitions identified in section 7 of this form.  <b>ROUTINE USE(S):</b> The DoD Blanket Routine Uses found at <a href="http://dpclo.defense.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx">http://dpclo.defense.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx</a> apply to this collection.  <b>DISCLOSURE:</b> Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.</p>			
<b>INSTRUCTIONS</b>			
<p>In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.</p>			
<b>1. RECRUIT/TRAINEE NAME</b> (Last, First, Middle)	<b>2. PAY GRADE</b>	<b>3. RECRUITING OFFICE/TRAINING COMMAND</b>	
	Cadet	AFROTC Detachment 290	
<b>4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS</b> (City, State, ZIP Code)	<b>5. DATE SIGNED</b> (YYYYMMDD)	<b>6. SIGNATURE</b>	
Lexington, KY 40506			
<b>7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:</b>			
(initial)	<p>a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.</p>		
_____			
	<p>b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.</p>		
_____			
	<p>c. Consume alcohol with a recruiter/trainer on a personal social basis.</p>		
_____			
	<p>d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.</p>		
_____			
	<p>e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.</p>		
_____			
	<p>f. Gamble with a recruiter/trainer.</p>		
_____			
	<p>g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.</p>		
_____			
	<p>h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.</p>		
_____			
<p><b>8. EXCEPTIONS.</b> Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.  <b>DESCRIPTION OF EXCEPTION(S):</b></p>			
(initial)	<p><b>9. VIOLATIONS.</b> Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.</p>		
_____			
<b>10. APPROVED BY</b>			
a. NAME (Last, First, Middle Initial)	b. TITLE	c. DATE SIGNED (YYYYMMDD)	d. SIGNATURE/RANK

Block 1: fill in with your last, first and middle name.

Block 2: During your duration in the program, pay grade will be listed as “Cadet”

Block 3: Recruiting Office: AFROTC Detachment 290

Block 4: Recruiting Office/Training Command Address: City/State/Zip of our Det’s location.

Lexington, KY 40506

Block 5: Date signed. Insert the date you sign this form.

Block 6. Signature. Sign with your signature.

Block 7: Read and acknowledge each prompt. Initial on each line. These are prohibited actions between cadre and trainees/recruits. You will not partake in any of the actions listed with a staff member.

Block 8: Exceptions to Policy: None.

Block 9: Acknowledge with your initials that any violations will result in disciplinary action.

Block 10 a-d. This is for a cadre member to review and sign.

Below is a link to a video from a detachment to assist you.

<https://www.youtube.com/watch?v=DPpTAyqCOzA&t=10s>

AF Form 28: Air Force ROTC Pre-Participatory Sports Physical.

<b>AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL</b>			
<b>1. CADET/APPLICANT NAME</b>		<b>2. AFROTC DETACHMENT</b>	
<b>MEDICAL AUTHORITY:</b> Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below. <b>AFROTC CADRE:</b> If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.			
<b>3. CADET/APPLICANT MEASUREMENTS</b>		HEIGHT	WEIGHT
<b>4. AIR FORCE WEIGHT STANDARDS</b> (found on reverse)		MINIMUM	MAXIMUM
<b>5. BODY FAT MEASUREMENT</b>	<b>6. BODY FAT STANDARDS:</b> FEMALE - 26% MALE - 18%	<b>7. CHECK APPLICABLE BOX</b> <input type="checkbox"/> IS WITHIN AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> IS BELOW AIR FORCE WEIGHT STANDARDS	
<b>8. MEDICAL AUTHORITY:</b> PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN. I, (print name) _____, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:			
<b>9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)</b> I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____ (Medical Authority Initials)			
<b>10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)</b> I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. _____ (Medical Authority Initials)			
<b>11. (FOR ALL CADETS/APPLICANTS)</b> I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:			
<b>EXAMINATION DATE</b>		<b>PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE</b>	
<b>AFROTC CADRE:</b> REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:			
<b>DATE</b>		<b>AFROTC CADRE SIGNATURE</b>	

Any cadet who is not contracted or on a current scholarship must have a valid physical on file in order to participate in PT and Leadership Labs. This is a **mandatory** requirement for the program.

Block 1: Name

Block 2: completed

Block 3: Insert height/weight measurements

Block 4: Use the chart attached for minimums/maximums

Block 5-7: BMI measurement. Determine if your BMI (using the chart) is within or not within standards

**Only use blocks 8-10 if you are below or exceed weight standards.**

Block 11: Physicians comments, date of examination, signature.

Cadre signature/review.

**Note: In accordance with our regulation, AFROTCI 36-2011 paragraph 8.2.4, this form is only valid for a year.**

**Attachment 5**

**DRUG DEMAND REDUCTION PROGRAM MOU**

**Figure A5.1. Drug Demand Reduction Program MOU.**

**DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)**

**MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY  
FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)**

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a SROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.

\_\_\_\_\_  
Cadet Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date  
(Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)

\_\_\_\_\_  
Printed Name and Signature Witness (or Notary) and Date



This form is for you to understand that you are subject to random drug screening. If selected to provide a sample, you will provide it in a timely manner, and the actions that will be taken if a test is refused. Sign and date. If under 18, a parent/legal guardian must sign this form. Cadre will sign once received. Below is a link for a video created by a detachment to assist you.

<https://www.youtube.com/watch?v=PDEHwF1NCkE&t=3s>

<b>PRIVACY ACT STATEMENT - HEALTH CARE RECORDS</b>		
<i>This form is not an authorization or consent to use or disclose your health information.</i>		
<b>1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):</b>		
<p>10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.</p>		
<b>2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:</b>		
<p>Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.</p>		
<b>3. ROUTINE USES:</b>		
<p>Information in your records may be disclosed to:</p> <ul style="list-style-type: none"> <li>• Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;</li> <li>• Government agencies to determine your eligibility for benefits and entitlements;</li> <li>• Government and nongovernment third parties to recover the cost of MHS provided care;</li> <li>• Public health authorities to document and review occupational and environmental exposure data; and</li> <li>• Government and nongovernment organizations to perform DoD-approved research.</li> </ul> <p>Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <a href="http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx">http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx</a>.</p> <p>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 by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.</p>		
<b>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:</b>		
<p>Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.</p> <p>This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.</p> <p>Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.</p>		
<b>5. SIGNATURE OF PATIENT OR SPONSOR</b>	<b>6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR</b>	<b>7. DATE (YYYYMMDD)</b>

Read each statement in paragraphs 1 to 4. This form is for you to acknowledge that we will be collecting healthcare information from you. Your right to privacy is protected and it will not be disclosed under HIPAA. You may only disclose information about your health to personnel with a need-to-know. Signing this form is your acknowledgement. Below is a link to a video to assist you.

Block 5: Signature

Block 6: Enter your Social Security Number

Block 7: Date of acknowledgement

[https://www.youtube.com/watch?v=IOZNGnc\\_rnI&t=164s](https://www.youtube.com/watch?v=IOZNGnc_rnI&t=164s)

Release/Consent of Student Records:



**DEPARTMENT OF THE AIR FORCE  
AIR FORCE RESERVE OFFICER TRAINING CORPS  
DETACHMENT 290 (AETC)  
UNIVERSITY OF KENTUCKY LEXINGTON KY**

21 November 2019

MEMORANDUM FOR CADETS

FROM: Air Force Reserve Officer Training Corps (AFROTC) Detachment 290

SUBJECT: Request and Consent for Release of Student Records

1. In compliance with 10 U.S.C. 2102 et seq., your consent is required to permit the educational institution in which you are/were enrolled to release official copies of your transcripts of grades and/or other student records, files, or data that are a part of your student records to AFROTC and Department of Defense (DOD) agencies, as may be required by these agencies.

2. It is mutually understood that the purposes of this request for official copies of student records is necessary for AFROTC screening and evaluation of its present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of the request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC purposes only.

X

BENJAMIN M. GONZALES, TSGT, USAF  
NCOIC, PERSONNEL ACTIONS

1st Ind, Student \_\_\_\_\_  
(print last name, first name, middle int.)

21 November 2019

MEMORANDUM FOR AFROTC Det 290

I have read and understand your request for official copies of my school records. I hereby voluntarily consent to the release of such official records as you may require in your above-stated request and have signed the attached authorization for appropriate school officials to release to Det 290 personnel or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent's Signature if student is under the age of 18)

This memo is to give consent and acknowledge all personnel records are required as part of the AFROTC program, and is maintained under the Privacy Act of 1974 and Freedom of Information Act. Your information will not be shared only for official purpose and those with proper clearance.

On page 1, read the prompt and acknowledge with your signature. If you are under 18 years old, you must have a parent/guardian sign the understanding.

Page 2 gives your consent of voluntary release of information. Your information is strictly for ROTC related-requirements business. This release allows school officials to access. Like the first page, sign as the student and have your parent/guardian sign if under the age of 18.

DD Form 93: Record of Emergency Data.

RECORD OF EMERGENCY DATA			
<b>PRIVACY ACT STATEMENT</b>			
<p><b>AUTHORITY:</b> 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).  <b>PRINCIPAL PURPOSES:</b> This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.  <b>ROUTINE USES:</b> None.  <b>DISCLOSURE:</b> Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.</p>			
<p style="text-align: center;"><b>INSTRUCTIONS TO SERVICE MEMBER</b></p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.</p>		<p style="text-align: center;"><b>INSTRUCTIONS TO CIVILIANS</b></p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.</p>	
<p><b>IMPORTANT:</b> This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.</p>			
<b>SECTION 1 - EMERGENCY CONTACT INFORMATION</b>			
1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input checked="" type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION AFROTC DET 290 LEX, KY
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
5. CHILDREN			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. DESIGNATED PERSON(S) (Military only)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

**SECTION 2 - BENEFITS RELATED INFORMATION**

<b>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</b> <i>(Military only)</i>	<b>b. RELATIONSHIP</b>	<b>c. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</b>	<b>d. PERCENTAGE</b>
<b>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</b> <i>(Military only) NAME AND RELATIONSHIP</i>		<b>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</b>	<b>c. PERCENTAGE</b>
<b>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</b> <i>(Military only) NAME AND RELATIONSHIP</i>		<b>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</b>	
<b>14. CONTINUATION/REMARKS</b>			
<b>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN</b> <i>(include rank, rate, or grade if applicable)</i>	<b>16. SIGNATURE OF WITNESS</b> <i>(include rank, rate, or grade as appropriate)</i>		<b>17. DATE SIGNED</b> (YYYYMMDD)

This can be updated at any time during your time in the program. This is your emergency contact information to be included in your records. In the event of an emergency, we must have a contact for you available. Below is a link to a video to assist you.

Block 1: Fill in your name (last, first, middle initial)

Block 2: Your entire Social Security Number

Block 3a: Must be marked Air Force, as we are an Air Force program. Block 3b is **AFROTC DET 290, LEX KY**. This is our unit's location.

**Only complete blocks 4a to 5 if you have a spouse or child.**

Block 6a and 6B: Enter father's information (last, first, middle initial) and a current address/phone number. Leave blank if unknown.

Block 7a and 7b: Enter mother's information (last, first, middle initial) and a current address/phone number. Leave blank if unknown.

**Only complete blocks 8a and 8b if you do not wish for one of your contacts to be contacted.**

**Skip blocks 9a to 14. This is for life insurance information input.**

Block 15: Signature

Block 16: Signature of witness (cadre member)

Block 17: Date stamp of your submission.

<https://www.youtube.com/watch?v=Dvvr3qD0FgE>



Mail Authorization Release:

**DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)**

The Detachment Commander (CC), the Personnel NCO (DP), and the Information Management NCO (IM) need to open official US Air Force (USAF) correspondence delivered to the detachment addressed to cadets. Access to these documents is for the verification and accuracy of the contents ONLY. Specific documents we open are: assignment orders for cadets entering active duty, cadet travel summaries, and cadet Leave and Earnings Statements (LES). We must verify these documents when received to ensure accuracy and to immediately correct or report any discrepancies to higher headquarters. In accordance with the Privacy Act, we must have your permission to access this mail. Therefore, request you sign your payroll signature below to consent to our access. Giving consent is strictly voluntary. However, if you do not give your consent, delays may be encountered in processing these vital items. Only OFFICIAL USAF correspondence specifically approved by the detachment commander will be opened. Please sign below if you agree to authorize cadre members to open OFFICIAL USAF mail addressed to you.

\_\_\_\_\_  
**Cadet Signature and Date**

\_\_\_\_\_  
**Parent/Guardian Signature and Date**  
**(Only for applicants under legal age of majority.**  
**Must be notarized if not signed in presence of**  
**detachment personnel)**

\_\_\_\_\_  
Printed Name and Signature Witness (or Notary) and Date

The purpose of this memorandum is to allow access to any content that is mailed on your behalf to the detachment. Cadets receive items mailed such as Leave and Earning Statements (LES), cadet travel summaries, and other items. However, we do require your permission as your right to privacy. Consent is strictly voluntary.

Input your signature as the cadet/student. Your signature authorizes consent to access. a parent/guardian must sign if you are under the age of 18.

# AF 2030: Drug and Alcohol Abuse Certificate

<b>USAF DRUG AND ALCOHOL ABUSE CERTIFICATE</b>		
<b>PRIVACY ACT STATEMENT</b>		
<p><i>AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.</i></p> <p><i>PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.</i></p> <p><i>ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.</i></p> <p><i>DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.</i></p> <p><i>SORN(s): F036 AF PC H, Air Force Enlistment/Commissioning Records System.</i></p>		
<b>SECTION I. DEFINITION OF TERMS</b>		
<p><b>ADVERSE ADJUDICATION:</b> An adverse adjudication (<i>adult or juvenile</i>) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.</p> <p><b>AIR FORCE:</b> Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.</p> <p><b>ALCOHOL ABUSE:</b> Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol.</p> <p><b>NOTE:</b> When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.</p> <p><b>DRUG ABUSE:</b> The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.</p> <p><b>ILLEGAL DRUGS:</b> Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, hallucinogens, (to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (paint, glue, and others), amphetamines (speed), methamphetamines (ice), barbiturates(downers), and anabolic steroids.</p> <p><b>MARIJUANA:</b> Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatsoever name it may be called.</p>		
<b>SECTION II. CERTIFICATION AT TIME OF APPLICATION</b>		
<p><b>WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM.</b> If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. <b>HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED.</b> Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.</p>		
<b>INITIAL YES/NO BOXES AS APPLICABLE</b>		<b>YES NO</b>
I have read and understand the definition of the terms above.		
Have you ever used or experimented with marijuana? ( <i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i> )		
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		
<b>SECTION III. STATEMENTS OF UNDERSTANDING</b>		<b>INITIALS</b>
During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (including marijuana) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.		
Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (including marijuana) or any alcohol abuse as described above, <b>FROM THIS DATE FORWARD</b> , renders me ineligible for the Air Force.		
Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.		
I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.		
<p><b>KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</b></p>		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND SSN OF APPLICANT	SIGNATURE

**AF FORM 2030, 20170815**  
**Prescribing Directive AFI36-2002**

PREVIOUS EDITIONS ARE OBSOLETE

PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974

<b>WITNESS</b>		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL.		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND GRADE OF WITNESS	SIGNATURE
REMARKS		
<b>SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT</b>		<b>INITIALS</b>
I have read and fully understand all the information on this form.		
I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.		
I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND SSN OF APPLICANT	SIGNATURE
<b>WITNESS</b>		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL.		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND GRADE OF WITNESS	SIGNATURE

- Section I: Read each definition of terms.
- Section II: Initial after reading each statement, mark yes/no with your initials.
- Section III: Statements of Understanding. Read each statement and initial in the blank to acknowledge. At the bottom of the form, date, print and sign in the blanks.
- Witness: A cadre member will sign as the witness once the forms has been received.
- Section IV: Recertification. This is only to be signed prior to enlistment/contacting.

Below is a link to assist you. It was created by the US Air Force Academy, but also is applicable to AFROTC.

<https://www.youtube.com/watch?v=iB5nPcVgeJI>