

# Det 220 In-Processing Instructions

Current as of August 2024

Please use the correct date when filling out paperwork!



# Steps to Create a WINGS Account...

1. Go to <https://wings.holmcenter.com>
2. Within the ROTC “tile,” click on “Apply for AFROTC”
3. Answer “Yes” (to acknowledge you are over 13 years old)
4. Enter your **\*Purdue\*** email, then fill out the application

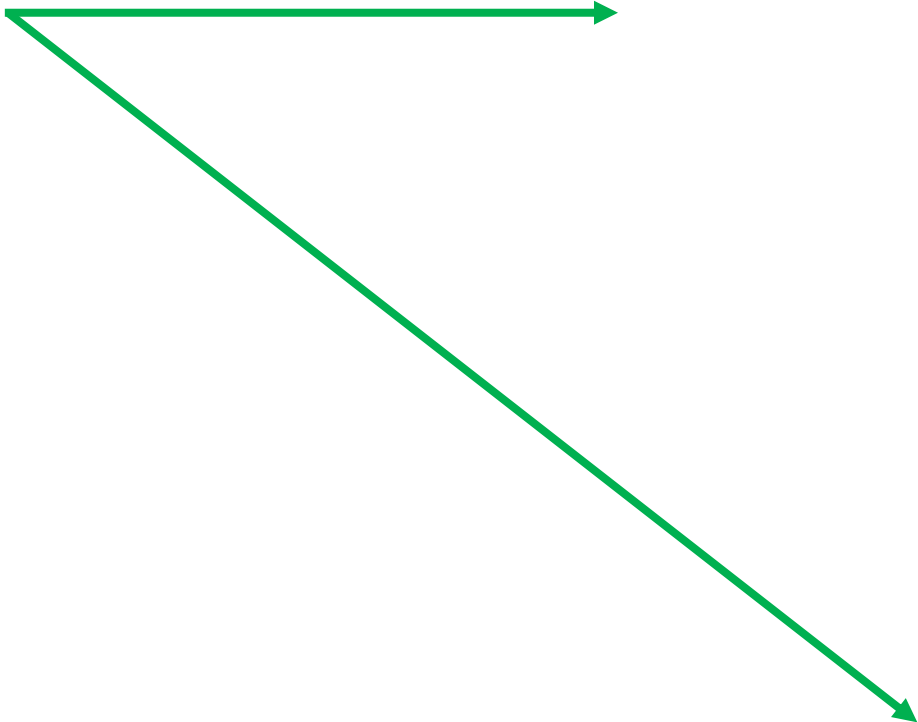


“**GREEN** across the board”

Enrollment Eligibility	Youth / Military Experience	Screening Questions
Ensure emergency contact is included!	Ensure selective service # is included (if applicable.)  Upload proof of JROTC involvement or any CAP awards.	Ensure dependent section is also filled out!

# DD Form 2005 (Privacy Act)

Read & Sign



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS		
This form is not an authorization or consent to use or disclose your health information.		
1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):  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.		
2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:  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.		
3. ROUTINE USES:  Information in your records may be disclosed to: <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> 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/SORN/Index/BlanketRoutineUses.aspx">http://dpcld.defense.gov/privacy/SORN/Index/BlanketRoutineUses.aspx</a> .  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.		
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:  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.  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.  Your signature merely acknowledges that you have received and read this statement. If requested, a copy of this form will be furnished to you.		
5. SIGNATURE OF PATIENT OR SPONSOR	6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR	7. DATE (YYYYMMDD)

5. SIGNATURE OF PATIENT OR SPONSOR	6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR	7. DATE (YYYYMMDD)
Signature	SSN	20240815

# Consent for Release of Student Records



AIR FORCE RESERVE OFFICER TRAINING CORPS  
220TH CADET WING (PURDUE UNIVERSITY)

**15 August 2024**  
(Date)

MEMORANDUM FOR **Full Name**  
(Student)

FROM: AFROTC Det 220

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 Air Force Reserve officer Training Corps (AFROTC) and Department of Defense (DoD) agencies, as may be required by these agencies.

2. It is mutually understood that the purpose of this request for official copies of student records is necessary for AFROTC screening and evaluation of its present and potential cadet members, as well as, those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of 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.

**Requires Cadre Signature**

AFROTC Det 220 Representative

1st Ind, **Full Name**  
(Student)

**15 August 2024**  
(Date)

MEMORANDUM FOR AFROTC Det 220

I have read and understand your request for official copies of my school records. I hereby voluntarily consent to the release of such records as you may require in your above stated request and have signed the authorization for appropriate school officials to release to Detachment 220 personnel or to the appropriate DoD agency any and all official records, files and data for their use as requested above.

**Signature**

Student's signature OR Parent's signature  
(if student is under 18 years of age)

Read & Sign



AIR FORCE RESERVE OFFICER TRAINING CORPS  
220TH CADET WING (PURDUE UNIVERSITY)

**15 August 2024**  
(Date)

MEMORANDUM FOR PURDUE UNIVERSITY

FROM: **Full Name**  
(Student)

SUBJECT: Request and Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment 220 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Detachment 220 personnel or to the appropriate Department of Defense agencies any and all official records, files and data for their use in official AFROTC business.

**Signature**

Student's signature OR Parent's signature  
(if student is under 18 years of age)

**\*See slide 14 if you are NOT 18 years old\***

# DD Form 93 (Emergency Data)

CUI (when filled in)		OMB No. 0704-0649 Expires 02/28/2026	
RECORD OF EMERGENCY DATA			
<small>The public reporting burden for this collection of information is estimated to average 15 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 the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Collection (0704-0649), Washington, DC 20503. 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.</small>			
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.			
PRIVACY ACT STATEMENT			
<small>AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 655, Designation of persons having interest in status of a missing member; 10 U.S.C. 1475, Death gratuity; death of members on active duty or inactive duty training and of certain other persons; 10 U.S.C. 1476, Death gratuity; death after discharge or release from duty or training; 10 U.S.C. 1477, Death gratuity; eligible survivors; 10 U.S.C. 1478, Death gratuity; amount; 10 U.S.C. 1479, Death gratuity; payment of determinations, payments; 10 U.S.C. 1480, Death gratuity; miscellaneous provisions; 10 U.S.C. 1481, Recovery, care, and disposition of remains; decedents covered by 10 U.S.C. 1482, Expenses incident to death; 10 U.S.C. 2771, Final settlement of accounts; deceased members; 38 U.S.C. 1970, Beneficiaries; payment of insurance; DoDI 1300.16, DoD Personnel Casualty Matters, Policies, and Procedures; and DoDI 1300.16, DoD Personnel Casualty Matters, Policies, and Procedures.</small>			
<small>PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel to designate beneficiaries for certain benefits in the event of the death of the member or civilian, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the death of the member or civilian, when applicable. For civilian personnel, it is used to designate beneficiaries for certain benefits in the event of the death of the member or civilian, when applicable. It also shows names and addresses of the person(s) designated as beneficiary(ies) in the event of an emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency or death.</small>			
<small>ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 552, Freedom of Information Act. To federal, state, local, and foreign (within Status of Forces agreements) law enforcement agencies or their authorized representatives for law enforcement purposes, or for other matters under the jurisdiction of such agencies. Additional Routine uses are listed in the following applicable privacy notices: DoD-wide: <a href="https://dpcid.defense.gov/Privacy/50RIndex/">https://dpcid.defense.gov/Privacy/50RIndex/</a>; Army: <a href="https://dpcid.defense.gov/Privacy/50RIndex/">https://dpcid.defense.gov/Privacy/50RIndex/</a>; Navy: <a href="https://dpcid.defense.gov/Privacy/50RIndex/">https://dpcid.defense.gov/Privacy/50RIndex/</a>; Marine Corps: <a href="https://dpcid.defense.gov/Privacy/50RIndex/">https://dpcid.defense.gov/Privacy/50RIndex/</a>; Air Force: <a href="https://dpcid.defense.gov/Privacy/50RIndex/">https://dpcid.defense.gov/Privacy/50RIndex/</a>; Coast Guard: <a href="https://dpcid.defense.gov/Privacy/50RIndex/">https://dpcid.defense.gov/Privacy/50RIndex/</a>; DoD-wide: <a href="https://www.federalregister.gov/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records">https://www.federalregister.gov/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records</a>.</small>			
<small>DISCLOSURE: 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.</small>			
<b>INSTRUCTIONS TO SERVICE MEMBER</b> <small>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.</small>		<b>INSTRUCTIONS TO CIVILIANS</b> <small>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.</small>	
<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.			
SECTION 1 - EMERGENCY CONTACT INFORMATION			
1. NAME (Last, First, Middle Initial)		2. DOD IDENTIFICATION NUMBER or SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> AIR FORCE <input type="checkbox"/> SPACE FORCE		b. REPORTING UNIT CODE/DUTY STATION AFOTC Det 220	
3c. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
c. PHONE NUMBERS (Home, Mobile, Other)		d. PREFERRED LANGUAGE	
e. DoD AFFILIATION			
5. CHILDREN a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)
d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER			
6a. PARENT ONE NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)	
7a. PARENT TWO NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)	
8a. STEP PARENT ONE (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)	

DD FORM 93, FEB 2023  
PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Controlled by: OASD MC&FP  
CUI Category: PRIVACY  
LDC: FEDCON  
POC: oas.pentagon.mcmgmt.listousd-p-n-gold-star-advocate-mbx@mail.mil

Page 1 of 4

(Front)

- ✓ Block 1: Last Name, First Name, MI
- ✓ Block 2: SSN
- ✓ Block 6a: Parent's Name (Last Name, First Name, MI)
- Block 6b: Parent's Address & Telephone # (xxx) xxx-xxxx

(Back)

- ✓ Block 11a: Designated Person (Last Name, First Name)
- Block 11b: Designee's Address & Telephone # (xxx) xxx-xxxx
- ✓ Block 17: Signature
- ✓ Block 19: Date (20240815)



# AF Form 2030 (Drug & Alcohol Abuse)

**USAF DRUG AND ALCOHOL ABUSE CERTIFICATE**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Section 12201, and Executive Order 9397 (SSN), as amended.

**PURPOSE:** To determine enlistment/commissioning eligibility, and process qualifying applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefit/denialments.

**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.

**DISCLOSURE:** Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.

**SOURCE(s):** F036 AF PC H, Air Force Enlistment/Commissioning Records System.

**SECTION I. DEFINITION OF TERMS**

**ADVERSE ADJUDICATION:** An adverse adjudication (adult or juvenile) is a finding, decision, determination, or recommendation that is conditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint on the individual, the adjudication is final. If not, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal of charges are not adverse adjudications.

**AIR FORCE:** Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Civil Engineer Center.

**ALCOHOL ABUSE:** Active use confirmed by completed testing for alcohol.

**NOTE:** When not confirmed by medical authority, a finding of alcohol abuse based on a report of misconduct or unacceptable behavior; to the detriment of work performance, physical or mental health, or personal relationships; must be reported during the medical examination for determination of fitness for duty.

**DRUG ABUSE:** The illegal use of any narcotic substance, hallucinogens, or any illegal drug.

**ILLEGAL DRUGS:** Includes, but is not limited to, any substance that has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but is not limited to, any substance that is a controlled substance (to include lysergic acid diethylamide (LSD), phenylcyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana products, heroin, diazepam, codeine, Demerol, inhalants (paint, glue, and others), amphetamines (speed), methamphetamine (uppers), barbiturates (downers), and anabolic steroids.

**MARIJUANA:** A naturally occurring organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include cannabis, hashish, and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product, when consumed mimics the effects of cannabis, includes salivadinorin or salivarin or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatever name it may be called.

**SECTION II. CERTIFICATION AT TIME OF APPLICATION**

**WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM.** 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. **HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU REVEAL ANY INFORMATION THAT MAY BE USED TO DISQUALIFY YOU FROM THE AIR FORCE, AND IF 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.** Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.



INITIAL YES/NO BOXES AS APPLICABLE	YES	NO
I have read and understand the definition of the terms above.		
Have you ever used or experimented with marijuana? (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. Presence marijuana use may render you ineligible for certain slots.)		
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, FROM THIS DATE FORWARD, 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 civil 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 civil 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 AND REQUIREMENTS THAT THIS DOCUMENT IS REQUIRED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</b></p>		

**DATE** \_\_\_\_\_ **NAME (Last, First, M.I.) AND SSN OF APPLICANT** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**Initial** (next to each statement)  
& Sign

DATE	NAME (Last, First, M.I.) AND SSN OF APPLICANT	SIGNATURE
15 Aug 24	Last, First, MI SSN	<div> <div></div> <div>Signature</div> </div>

# DD Form 2983 (Prohibited Activities)

RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT			
<b>PRIVACY ACT STATEMENT</b> <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.			
<b>INSTRUCTIONS</b> 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.			
1. RECRUIT/TRAINEE NAME (Last, First, Middle)	2. PAY GRADE N/A	3. RECRUITING OFFICE/TRAINING COMMAND AFROTC Det 220	
4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS (City, State, ZIP Code) West Lafayette, IN 47907	5. DATE SIGNED (YYYYMMDD)	6. SIGNATURE 	
7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:			
10. APPROVED BY (Initial)			
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.			
b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.			
c. Consume alcohol with a recruiter/trainer on a personal social basis.			
d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.			
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.			
f. Gamble with a recruiter/trainer.			
g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.			
h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.			
8. EXCEPTIONS. 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. DESCRIPTION OF EXCEPTION(S):			
(Initial)			
9. VIOLATIONS. Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.			
a. NAME (Last, First, Middle Initial)	b. TITLE	c. DATE SIGNED (YYYYMMDD)	d. SIGNATURE/RANK 

✓ Block 1: Last Name, First Name, Middle Name (if applicable)

✓ Block 5: Date (20240815)

✓ Block 6: Signature

✓ Block 10: Initial (next to each statement)

✓ Block 9: Initial

# Mail Access Authorization



AIR FORCE RESERVE OFFICER TRAINING CORPS  
220TH CADET WING (PURDUE UNIVERSITY)

**15 August 2024**  
(Date)

MEMORANDUM FOR Full Name  
(Student)

FROM: AFROTC Det 220/CC

SUBJECT: Mail Access Authorization

From time to time, official United States Air Force (USAF) correspondence delivered to Detachment 220 addressed to cadets needs to be opened by the Commander or unit personnel. Access is for the verification and accuracy of contents only. Specific documents include commissioning assignments, cadet travel summaries and all Leave and Earning statements. These documents must be verified upon receipt to ensure their accuracy and to correct/report any discrepancies to Higher Headquarters. In accordance with the Privacy Act of 1974, cadets' permission for cadre members to access these records is needed. Therefore, cadets are asked to provide their payroll signature to serve as consent to access mail. Giving consent is strictly voluntary; however, cadets who do not consent to access will delay processing of critical documents essential to AFROTC matters. Only official USAF correspondence that is specifically approved by the Commander will be opened.

**Requires CC Signature**

1st Ind, Full Name  
(Student)

**15 August 2024**  
(Date)

MEMORANDUM FOR AFROTC Det 220

I do/do not consent for AFROTC Detachment 220 cadre to access my official mail.

**Signature**  
Student's signature OR Parent's signature  
(if student is under 18 years of age)

I **do**/do not consent for

**\*See slide 14 if you are NOT 18 years old\***



# Drug Demand Reduction (DDR)

AFROTCI36-2011V3 21 JUNE 2023

157

## Attachment 4

### DRUG DEMAND REDUCTION PROGRAM MOU

Figure A4.1. 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.

**Signature 15 Aug 24**

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)

**Requires Cadre Signature**

Printed Name and Signature Witness (or Notary) and Date

**\*See slide 14 if you are NOT 18 years old\***

# Direct Deposit Form

**HSSP Only!**

**FAST START**  
**DIRECT DEPOSIT**

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

**1. EMPLOYEE INFORMATION**

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME  
(as on payroll records)   
(Last, First, Initials)

TELEPHONE NUMBER (WORK)  (HOME)

**2. TYPE OF ACCOUNT**

☐ Checking  
☐ Savings

**TYPE OF PAYMENT**

☒ Net Pay  
☐ Travel  
☐ Other Federal employment related payments

**3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)**  
A voided personal check/draft may be attached in lieu of completing this section. See instructions on back of this form.

ROUTING TRANSIT NUMBER  ☐ Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE  
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

**4. ALLOTMENT INFORMATION**  
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START	<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> CHECKING	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECREASE TO:
		<input type="checkbox"/> CHANGE	New Total \$ <input type="text"/>

ALLOTTEE NAME  
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER  ☐ Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE  
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

**5. AUTHORIZATION**

\*  EMPLOYEE'S SIGNATURE  DATE

**6. AGENCY USE:**

FMS FORM 2231  
11-92  
EDITION OF 4-90 IS OBSOLETE

DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE

Fill out blocks 1, 2, 3 and 5

# W-4 (Tax Withholding)



Form **W-4**

Department of the Treasury  
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1:  
Enter  
Personal  
Information

(a) First name and middle initial  
Last name  
Address  
City or town, state, and ZIP code

(b) Social security number  
Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](https://www.ssa.gov).

(c) ☐ Single or Married filing separately  
☐ Married filing jointly  
☐ Head of household (more than half the costs of keeping up a home for yourself and a qualifying individual)

Complete Steps 2-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 2:  
Multiple  
or Spouse  
Works

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](https://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate. ☐

Step 3:  
Claim  
Dependent  
and Other  
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3

\$

Step 4  
(optional):  
Other  
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(a)

\$

4(b)

\$

4(c)

\$

Step 5:  
Sign  
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers  
Only

Employer's name and address

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2024)

- ✓ Step 1a: First Name MI | Last Name Address
- ✓ Step 1c: Check appropriate box (ex: Single)
- ✓ Step 5: Sign | Date (15 Aug 24)

# DD Form 2058 (Legal Residence)




STATE OF LEGAL RESIDENCE CERTIFICATE		
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services. <b>PURPOSE:</b> Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay. <b>ROUTINE USES:</b> Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: <a href="http://dpold.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/">http://dpold.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/</a> . M01040-3, Marine Corps Manpower Management Information System Records, located at <a href="http://dpold.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/">http://dpold.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/</a> . <b>DISCLOSURE:</b> Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.		
1. NAME (Last, First, Middle Initial) <b>Last, First, MI</b>		2. DOD ID NUMBER <b>SSN</b>
3. LEGAL RESIDENCE/DOMICILE (City or county and State) <b>City, State Abbreviation</b>		
<b>INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE</b>  The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.  The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.  You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.  Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.  The formula for changing your State of legal residence/domicile is simply stated as follows: <u>physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.</u> In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.  Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.		
I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.  I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.		
4. SIGNATURE OF APPLICANT <b>Signature</b>	5. CURRENT MAILING ADDRESS (Include Zip Code) <b>Address</b>	6. DATE (YYMMDD) <b>240815</b>

# SGLI 8286 (Life Insurance)

Page 1

Page 3





Prudential  
Office of Servicemembers'  
Group Life Insurance

Servicemembers' Group Life Insurance  
Election and Certificate

The SGLI Online Enrollment System (SOES) is the official system of record for Servicemembers' Group Life Insurance (SGLI) for the Uniformed Services of the United States. All coverage and beneficiary elections for members with full-time SGLI coverage should be maintained in SOES. This form should only be used in special circumstances as defined by the Uniformed Services.

First Name, Middle Name, Last Name

1. About You

Print Name (First, Middle, Last)

AFROTC Det 220

Location

Rank, title or grade

Air Force (ORS)

Branch of Service

Social Security Number

\$0

Current Amount of SGLI

☐ Married

☐ Single

If married, spouse's name

Spouse's Date of Birth

2. About Your Coverage

This form replaces all prior designations.

I am completing this form to: (Check all that apply)

☐ Name or update my SGLI beneficiary. You must complete sections 3 & 5.

☐ Increase or restore my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < \$100,000.)

☐ Reduce my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3 & 5.

☒ Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5 only. " I do not want insurance at this time "

SGLI coverage is available in increments of \$50,000 up to a maximum of \$500,000. Traumatic Injury Protection (TSGLI) coverage is automatic with SGLI coverage.

3. About Your Beneficiaries

Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (%) – The sum of shares must equal 100%. Each share must be greater than 0%.	Payment Option (Lump sum* or 36 equal monthly payments)
1.				
2.				
3.				
4.				

5. Your Signature

You must complete this section.

I have read the information on page 3 and instructions on page 4 and understand that:

☒ This form replaces any prior beneficiary or payment instructions.

☒ I can have SGLI and Veterans' Group Life Insurance (VGLI) at the same time, but the combined amount cannot be more than \$500,000. VGLI is renewable post-separation coverage available to Service Members who separate with SGLI coverage.

☒ Reducing SGLI coverage can affect the amount of my family coverage (FSGLI) and VGLI coverage (see instructions on page 4).

☒ By declining or cancelling SGLI coverage, I am also declining family coverage (FSGLI) and Traumatic Injury Protection (TSGLI). I am also not eligible for any post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is...	and...	then...
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniform services	I am married, or get married after completing this form, and have not declined SGLI,	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

☒ I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits. If declining or reducing SGLI coverage, I have received the appropriate general information concerning life insurance from my Unit Personnel Clerk.

Signature

SSN

08, 15, 2024

Address

Submit this form to your Unit Personnel Clerk. By completing this section the Unit Personnel Clerk acknowledges that they have counseled the Service Member in regards to the information provided on page 4 of this form.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve <input type="checkbox"/>
Contact telephone/email	Disapprove <input type="checkbox"/>
Date	Date
Address	

# Disclaimer: If you are NOT 18 years old...

A parent's signature (blue or black ink) is required on the following forms:

- ☐ Consent for Release of Student Records (2 pages)
- ☐ Mail Access Authorization
- ☐ Drug Demand Reduction (DDR) **\*also required to be notarized!**

**\*\*\* BE ADVISED \*\*\***

A parent's signature will eventually be required to process your DoDMERB (medical) exams. Once your account is created (by cadre), please log into DoDMETS and print page 1 of the DD Form 2807-2. A parent will need to sign (in ink), include a phone # and scan back to you.