MEMORANDUM FOR CADET

FROM: AFROTC Detachment 550/CC
110 8th St Troy NY, 12180

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.

ROBERT R. ROBB, Lt Col, USAF
Commander

1st Ind, Cadet ___________________________ Date: ___________________

MEMORANDUM FOR AFROTC Det 550

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 Detachment 550 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 age 18 years of age)
MEMORANDUM FOR _____________________________ (University)

FROM: Cadet _____________________________

SUBJECT: 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 550 to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Detachment 550 personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

_________________________________________  _______________________________________
(Student’s Signature)                       (Parent’s Signature if student is under age 18 years of age)