



PRIVACY ACT RELEASE FORM
PLEASE PRINT CLEARLY

Mr./Ms. Full Name: _____ **Nick Name:** _____
(circle one)

Address of Residence: _____

City/State/Zip: _____ **County** _____

Phone #: Home (____) _____ **Other** (____) _____

Email Address: _____

Please list Civilian Colleges to which you plan to apply:

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code):

Permission in writing is required before making an inquiry or sharing personal information on your behalf. Completing and signing this form authorizes Rep. Doug LaMalfa and the staff of the 1st Congressional District to share Service Academy Application Packet materials and results of Review Board interviews with the U.S. Army Cadet Command for consideration of an ROTC scholarship at affiliated institutions of higher education.

Providing this authorization does not guarantee a scholarship will be available or awarded. All decisions on scholarships are the sole responsibility of the U.S. Army Cadet Command.

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN (if applicant is a minor): _____
Printed Name

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____