# This information will be safeguarded under the provisions of the Privacy Act of 1974

**New Cadet: Returning Cadet: Student ID #**

**NAME:**

(Last) (First) (MI)

**DOB:** **SEX:** M F **RACE:** **GRADE:**

## CADET’S ADDRESS:

**HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Special Programs or Physical or Medical Limitations (such as asthma, hypertension, diabetic,**

**etc.) (Please Explain)**

**Parent/Guardian Info:**

**Names**

 (Last, First, MI) (Spouse’s Name)

**Relationship to Cadet:**

***Returning Cadets Only are to fill in the information below:***

**Current Rank:**

**Current Job in the Unit:**

**Dept. Assigned to:**

**PLT Assigned to:**

**List of Ribbons and Medals Received to Date (include any authorized devices, such as stars, lamps,**

**and torches:**