ADMINISTRATIVE INFORMATION FOR COLLEGE PROGRAM STUDENTS 2014
COLLEGE PROGRAM ADMINISTRATIVE CHECKLIST

Make sure to fill out each form to the best of your ability, and then return the forms via regular mail. Copies of the completed documents should be made for your own records. Please return the completed forms and photocopies of the required personal information no later than 09 August 2014. If you are not planning on participating in NROTC, please contact us immediately at (203) 432-8223 and do not fill out any paperwork.

Please refer to the instructions included in this document.

Forms to be filled out:
- Annual Certificate of Physical Condition
- Authorization for Release of Student Information to Parents
- Authorization for Release of Student Health Information
- Authorization for Release of Student Academic Information-School to Unit
- Drug and Alcohol Abuse Statement of Understanding
- Navy Tattoo Screening Form
- Emergency Contact Information Form
- Midshipman Background Information Form
- The Concept of Honor
- MCRC Officer Tattoo Screening Form – Marine Option ONLY
- NROTC College Program Application
- Privacy Act Statements (2 copies) – both need original signature
- NROTC Standard Release Form
- Report of Dental Examination
- Report of Medical History

Required Personal Information: Mail copies of the following with the forms above.
- Letter from your physician stating that you are fit to participate in physical activity ("sports physical" is acceptable, but must be signed by a PHYSICIAN)
- Blood Type Identification (Doctor or Red Cross card)
- Original or Certified copy of Birth Certificate (certified copy with raised seal)
- Copy of Social Security card with signature (may also be scanned and emailed)
- Copy of vaccination records (may be faxed or emailed directly from your physician)
- Copy of current health insurance card (both front and back)
- Copy of prescription insurance card (if you have one)

Contact the Yale NROTC Unit
Phone: (203) 432-8223
Fax: (203) 432-8951
Email: nrotc@yale.edu
Website: http://nrotc.yalecollege.yale.edu/
Instructions for Administrative Forms

These forms are required for entry into the NROTC Program at Yale. The dates on these forms should reflect the first day of Freshmen Orientation: 09 AUG 2014.

Annual Certificate of Physical Condition

• Write date at the top of the document (09 AUG 2014).
• Blocks 1 and 2: self-explanatory, use last four of SSN
• Block 3: MIDN
• Block 4: disregard
• Block 5 through 8: self-explanatory
• Block 9: NROTC Yale / 63292
• Blocks 10 and 11: Use permanent address and phone number
• Blocks 12 through 17: Fill out accordingly.
• Block 18: disregard
• Blocks 23 & 24: Fill out accordingly.
• Block 19, for females only.
• Leave other blocks blank unless you possess a record of the information requested.
• Answer the questions on page two truthfully and sign first, middle, and last name next to “Member’s Signature.”

Authorization for Release of Student Information to Parents

• This document authorizes release of Student Information to Parents.
• Print your first, middle, and last name after 4/C.
• Sign with full name: first, middle, and last.
• Date: 09 AUG 2014.
• Under signature; your graduation year will be 2018.
• The signing of this document is voluntary. If you choose not to authorize unit to release information to your parents please write “Decline” on the form and initial it.

Authorization for Release of Student Health Information

• This document authorizes release of your sports physical, held by your school’s health service, to the unit.
• Print your first, middle, and last name after 4/C.
• Sign with full name: first, middle, and last.
• Date: 09AUG 2014.
• Under signature, write in the last four digits of your social security number or your college ID number; for the class of, it will be 2018.
Authorization for Release of Student Academic Information- School to Unit

- This document authorizes release of student information from your respective university to the Yale NROTC unit.
- Print your first, middle and last name after 4/C.
- Sign with full name: first, middle and last.
- Date: 09 AUG 2014.
- Under signature, write in the last four digits of your social security number or your college ID number; for the class of, it will be 2018.

The signing of this document is voluntary. If you choose not to authorize unit to release information to your parents please write “Decline” on the form and initial it.

Drug and Alcohol Abuse Statement of Understanding

- Print your first, middle, and last name.
- Read each section carefully and understand the importance of each statement. Initial with first, middle, and last initial in the box next to the statement (Blocks 1- 5a).
- Note: 5b disregard.
- Under Certification: Print last, first, middle name, and write your social security number.
- Sign and date the document: 09 AUG 2014.

We will review this document at Freshmen Orientation to confirm your understanding and certify that your signature is true.

Navy Tattoo Screening Form

- Self-explanatory

Emergency Contact Information Sheet

- Self-explanatory.
- Sign and date the bottom of the sheet: 09 AUG 2014

Midshipman Background Information Sheet

- Self-explanatory.
- Fill in “Campus Data” section if information is known, otherwise disregard until Orientation.

The Concept of Honor

- Be sure to read and understand the significance of this document.
- Sign your full name: first, middle, and last above “Signature of midshipman”.
- Date the form 09 AUG 2014.
MCRC Officer Tattoo Screening Form

- MARINE OPTION ONLY – Purpose of this form is to certify that you have disclosed the full extent of any tattoos, brands or body ornamentation to include those removed or altered.
- Print your first, middle, and last name. Date: 20140809
- Part I, Question 1: Read and answer the question using your First, Middle, and Last Initials.
  - If the answer to Question 1 is “No”, proceed to Part II; sign and date “20140809”. Disregard Part III, IV, and V.
  - If the answer to Question 1 is “yes”, continue answering Questions 2 through 9. Sign and date Part II “20140809”.
- NOTE: if the answer to Question 1 is “yes” you must be interviewed by a commissioned officer upon arriving at Unit.

NROTC College Program Application

- Self-explanatory.
- Sign and Date document: 09 AUG 2014.
- NOTE: If you have previously filled out and submitted the application, you do not need to resubmit.

Privacy Act Statement

- Read each section carefully to understand the reasoning for documenting health care.
- Sign the form with your first, middle, and last name.
- Fill in your social security number (last four) and date: 09 AUG 2014.
- Print, sign and date TWO copies (one for health record and one for Dental record).

NROTC Standard Release Form

- Self-explanatory.

Report of Dental Examination

- Blocks 1 & 2: Self-explanatory.
- Blocks 3 - 16: Must be completed by dentist.
- If a dental exam has taken place within the last year a new exam is not necessary.
- This form may be faxed or emailed to the Unit directly from your dental provider’s office.

Report of Medical History

- Blocks 1-5: Self-explanatory.
- Block 6: Navy, and Other, write in “NROTC College Program”.
- Answer all questions truthfully.
- Block 30: Leave blank. Your physician will indicate that you are fit for physical training in their own letter.
Instructions for Required Personal Information

These documents are required for entry into the NROTC Program at Yale. In most cases, photocopies of the original documents will be sufficient, except for proof of citizenship. See specific guidance below.

Please mail photocopies of the original documents no later than 07 August 2013.

- Letter from your physician stating that you are fit to participate in physical activity. A “sports physical” is acceptable; however, it must be signed by a PHYSICIAN.

- Blood Type Identification (Doctor or Red Cross card), required for all summer training evolutions.

- Original or Certified copy of Birth Certificate (certified copy with raised seal). Mail a photocopy, and plan on mailing or bringing the original document with you to Orientation. We will immediately return the original to you if mailed. We will need to see (in person) the original or certified copy of your Birth Certificate (FS 240, or DD 1350 for citizens born abroad), so that we can certify the copy for our records as a true copy.

  Birth certificates must meet all of the following criteria: Full name (first, middle, last), birth date, birth place, birth record validation such as an original or machine produced signature or raised, impressed, embossed, multicolored seal or stamp, or a combination of these is acceptable.

- Copy of Social Security card with signature (may be scanned and emailed)

- Copy of vaccination records (may be faxed or emailed directly from your physician to the NROTC Unit)

- Copy of current health insurance card (both front and back)

- Copy of prescription insurance card (if you have one)