

<b>(1)</b>	<b>SARASOTA MILITARY ACADEMY 801 N. ORANGE AVE SARASOTA, FL 34236</b>	<b>(2)</b>  10 Aug 2020	<b>(3)</b> <b>LET Level: 1 Class Period: School Grade: 9th</b>
<b>Last Name, First Name MI</b>	<b>School Name / Address</b>	<b>Date Entered JROTC</b>	
<p>TITLE OF FORM: <b>PRIVACY ACT STATEMENT</b>          PRESCRIBING DIRECTIVE: AR 145-2          AUTHORITY: Title 10 USC 2031          PRIMARY PURPOSE: To maintain a record of leadership training progress and extracurricular activities of a Junior ROTC cadet.          ROUTINE USES:</p> <p>Used to comply with U.S.Army requirements to provide a chronological record of the cadet's progress in Junior ROTC. Information is used to prepare the following: school transcripts, promotion/ reduction orders, awards and decorations. It is also used as a record of positions held, extracurricular activities, parental permission, and physical condition.</p> <p>Information is used as a basis for preparing Cadet Command Form 226-R (Certificate of Training).</p> <p>MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION</p> <p>Disclosure of some information is voluntary, other is mandatory; failure to provide mandatory information would result in disenrollment from the program.</p> <p>A COPY OF THIS PRIVACY ACT STATEMENT WILL BE MADE AVAILABLE UPON REQUEST.</p> <p>I have read the application portions of the Privacy Act of 1974. I have also been briefed and understand my responsibilities when in possession of weapons and ammunition. I further agree to accept responsibility for safeguarding, maintaining, and accounting for any government property issued to me. (Signature of a parent or guardian is also required if cadet is under the age of 18 years.)</p> <p><b>(4)</b> _____ <b>(5)</b> _____          Parent/Guardian (Print Name)                      Signature                      Date                      Cadet (Print Name)                      Signature                      Date</p>			
<p>HEALTH STATEMENT</p> <p>My (our) son/daughter <b>(6)</b> _____ has no medical condition or impairment (except as noted below) that would preclude his/her full participation in the Army Junior Reserve Officers' Training Corps, and has my (our) permission to participate in any and all JROTC sponsored classes, training, and activities.</p> <p><b>LIMITATIONS: (7)</b> _____</p>			
<b>(8)</b> Printed Name of Parent or Guardian (Health Statement)		<b>(9)</b> Signature of Parent or Guardian (Health Statement)	