

(1)	SARASOTA MILITARY ACADEMY 801 N. ORANGE AVE SARASOTA, FL 34236	(2) 10 August 2021	(3) LET Level: _1__ Class Period: _____ School Grade: _9__
Last Name, First Name MI	School Name / Address	Date Entered JROTC	
<p>TITLE OF FORM: PRIVACY ACT STATEMENT</p> <p>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>			
(4) _____ Parent/Guardian (Print Name) Signature Date		(5) _____ Cadet (Print Name) Signature Date	
HEALTH STATEMENT My (our) son/daughter (6) _____ 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.			
LIMITATIONS: (7) _____			
Printed Name of Parent or Guardian (Health Statement)		Signature of Parent or Guardian (Health Statement)	
(8)		(9)	