

STATEMENT OF UNDERSTANDING (DEPENDENCY)

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority 10 USC 2101 and 2107
Principal Purpose To establish an understanding between a cadet and Army ROTC in regards to dependency and the program requirements
Routine Uses To provide a statement of understanding concerning dependency for participation in Army ROTC
Disclosure Disclosure is voluntary.

PART I - STATEMENT OF UNDERSTANDING

"I, _____,
(enter cadet's name)
am the parent of, _____
(enter child(ren)'s name(s))
and certify that the child(ren) has (have) been placed in the custody of the other parent or another adult by court order or as provided by state law. I further certify that this custody agreement is intended to remain in full force and effect during the term for which I am now enrolling. I understand that if I regain custody of this (these) child(ren), either by court decree, or in accordance with applicable state law, or if the child(ren) are residing with me in lieu of the legal guardian, I will be processed for disenrollment from the program unless I can show that regaining custody is not contrary to the above stated intent:

(e.g., death or incapacity of other parent or custodian)."

My child(ren) is (are) in the custody of: _____
(Name of person with custody)

(Relationship)

(Address of person with custody)

(City, State, Zip Code for address)

I hereby certify that no person, agency or member of the Army, to include my recruiter or enrollment officer has required me to give up custody of my child(ren) as a condition for enrollment. I understand that the Army merely recognizes that some persons for personal reasons may have relinquished custody of their child or children.

I further state that no person, agency or member of the Army has advised me that I will be allowed to regain custody of my child(ren) while in the ROTC program nor has given me any perception or assurance that the policy stated above is waivable or not upheld once enrolled.

(Signature of Applicant)

PART II - CERTIFICATION

I certify that the above sworn statement was duly taken and subscribed in my presence at

_____ this _____ day of _____
(enter the name of the School) (enter day) (enter month and year)

(Signature of PMS or Enrollment Eligibility Officer)