

NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) STANDARD RELEASE FORM

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AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers), and System of Records Notice(s) (SORN) N01131-1 and N0180-3.

PURPOSE(S): The primary use of this information is for officials to administer the Naval Reserve Officers Training Corps (NROTC) Program, and to set forth the terms and conditions, including military service obligations, under which the Navy will be providing an NROTC scholarship. The information will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

ROUTINE USE(S): These records or information contained therein may be disclosed outside the Department of Defense to officials and employees of the college or university in which you enroll, and those of the Veterans Administration, and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits. Other uses may include - Providing information to officials and employees of the Department of Transportation, and other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided may be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process. Information provided on this form is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in ineligibility for, and/or disenrollment from, the NROTC Program.

More information on the SORNS can be found at the following link(s):

http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

1. I, _____, a Midshipman Candidate (MC) of the Naval Reserve Officers Training Corps (NROTC), in consideration of basic participation in NROTC sponsored extracurricular activities, to wit NROTC New Student Indoctrination in June, July, or August 20____, do hereby release the government of the United States and all its officers, representatives, and agents acting officially, and also all local, regional, and national Navy Officials of the United States, from any and all claims, demands, actions, or causes of action, death, injury, or illness, except as provided under 10 USC 1074b, Medical and dental care: Academy cadets and midshipmen; members of, and designated applicants for membership in, Senior ROTC.

I hereby authorize personnel of the Department of the Defense, Armed Forces, Public Health Service, and/or civilian physicians, to render such medical and dental care as may be necessary and medically indicated in my case during this period of activity, as is deemed necessary by a qualified practitioner.

I understand that if I am injured in the line of duty during this training evolution, I may file a claim under the Federal Employee's Compensation Act (FECA 5 USC 8101, et seq.). The claim will be administered by the U.S. Department of Labor (DOL). If any such claim is denied, I may be responsible for the cost of all medical care.

I understand that care at a military medical treatment facility (MTF) for non-military dependents will be rendered on a temporary (emergency) basis only; if further care is indicated, I will be transferred to non-military care as soon as possible. Emergency care provided at an MTF to MC who are not military dependents may be subject to reimbursement, and I may be billed for the care provided. For Navy MTF, such care is authorized by BUMED INSTRUCTION 6320.103.

I have no known medical conditions that might preclude, or limit in any way, participation in NROTC sponsored extracurricular activities.

HIPAA Privacy Authorization Form for Use or Disclosure of Protected Health Information

Required by the Health Insurance Portability and Accountability Act (HIPAA)
45 CFR Parts 160 and 164

Authorization

I authorize NSI personnel and/or a Federal Health Care Center (FHCC) to use and disclose my Protected Health Information (PHI) described below to the entity(ies) noted below:

BUMED
FAX: 571-316-1527
OR VIA
DOD SAFE (<https://safe.apps.mil/>)

DoDMERB
email: dha.ncr.dod-merb.mbx.helpdesk@health.mil

For additional recipients:

Provide Name, Address, Contact Telephone Number, and Relationship to yourself for each authorized individual)

2. Effective Period

This authorization for release of information covers the period from:

a. _____ to _____.

OR

b. All past, present, and future periods.

3. Extent of Authorization

a. I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

OR

b. I authorize the release of my complete health record with the *exception* of the following information:

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify): _____

4. This medical information may be used by the individual(s) I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization, or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

6. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature: _____

Printed name: _____

Date: _____

CONSENT OF PARENT(S) OR GUARDIAN(S)

(To be completed and notarized if the MC is under 18 years of age)

I certify that I am the parent or legal guardian of the MC who has signed this form in the above signature block.

I have read and understand this form.

Parent/Guardian Signature: _____

Printed Name: _____

Address: _____

Telephone: _____ mobile or landline? (Circle Type)

Notary Public Verification of Parent/Legal Guardian Signature

State of _____

County of _____

Signed and sworn (or affirmed) before me on the _____ day of _____, 202__.

[SEAL]

Signature of Notary Public

Title of Office: _____

My commission expires: _____