

Authorization for the Release of Records and Information

For NROTC or SSMP Only:

I, _____ (applicant), hereby authorized the Department of Naval Science Texas A&M University Galveston Campus to release copies of the following documents that contain personally identifiable information about myself to Texas A&M University Galveston Campus (TAMU Galveston Campus):

1. College Program Application (NSTC Form 1533/133)
2. Report of Medical History (DD Form 2807-1)

I further authorize the Department of Naval Science to communicate with TAMU Galveston Campus concerning the substance of these records.

This Authorization for the Release Records and Information shall remain in effect until such time as I revoke it in writing.

Student Signature: _____

Print Name: _____ Date: _____

IF STUDENT IS UNDER AGE 18:

Parent or Legal Guardian Signature: _____

Print Name: _____ Date: _____

PRIVACY ACT STATEMENT

Authority: The authority to request this information is contained in 5 USC § 301 (Authorizing Forms and Regulations).

Principal Purpose(s): To obtain consent to release of records protected by the Privacy Act (5 USC§ 552) (the "Act") and other applicable state or federal privacy laws and regulations.

Routine Use(s): Information you provide will be released to the Requestor. It will not be released to anyone else outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses listed in 32 CFR § 701.112, <http://www.privacy.naw.mil>.

Disclosure: Providing the requested information is voluntary. Failure to provide this information may result in the Navy's inability to release requested documents to a third party.