NAVAL RESERVE OFFICERS' TRAINING CORPS REQUEST FOR SECONDARY SCHOOL TRANSCRIPT

OMB CONTROL NUMBER: 0703-0026 OMB EXPIRATION DATE: 01/31/2026

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.

Birth Date:	NROTC Program Option:							
Social Secur	ity Number:							
1.	The student named above is applying for an NROTC Scholarship. Please complete this part of the form as accurately as possible. The Scholarship Selection Board uses a transcript of grades in reviewing an applicant's record. In addition to courses taken (or in progress) and grades received, it is essential that the transcript reflect rank in class along with the most complete academic record to include test results such as NMSQT, CEEB's ACT's and other national examinations.							
2.	IMPORTANT! Please submit this information immediately.							
3.	Return completed form along with completed full junior year transcripts signed or stamped by a high school official to the recruiting activity indicated to the address provided (Also, include a profile of the graduating class, if possible.)							
4.	I authorize release of my high school transcript.							
Signature:		Date:						
1.	Candidate's GPA: Weighte	ed (ex. 999.99)	Unweig	hted (ex. 9.9	99)			
2.	GPA Scale: Weighte	ed (ex. 999.9)	Unweig	hted				
3.	Rank in Class (Approx. to nea		Exactly D		Approximately			
4.	Rank from Top: No. in Class:							
5.	School ETS Code:							
6.	Did this student take any:		-					
•		pe of Class	YES	NO	Not Offered			
	Но	onors Courses						
	Ad	ecelerated Courses						
	Ad	dvanced Placement Courses						
	In	ternational Baccalaureate						
7.	Are all honors, accelerated, and advanced placement courses given extra credit in computing GPA?							
	Rank in Class Grade Averages			YES	NO			

8.	Did the student receive any academic accommodations (i.e. extra time on tests, established 504 plan)?									
	If yes, please list the type of academic accommodations received and the school year(s) received:									
9.	Official School Name:									
	Street Address:									
	City:	State:		Zip Code:						
	School Telephone (include area code):									
10.	Ranking Period: From To Indicate how grade point average and rank were determined, if profile not available.									
12.	If rank not available, please indicate placement by percentile below: ☐ Top 5%									
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11.	Comment (Additional information which may be significant in considering applicant):									
	Date Tit	ele	Signature	Print Name						