(7		ERIFICATION OF SCHEDULE is subject to the Privacy Act of 1974.)	DATE	Form Approved OMB NO. 0701-0080 Expires 28 Feb 2007				
Public reporting burden for this collection of information is estimated to average 15 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for information Operations and Reports, (0701-0080), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 current valid OMB control number. Please DO NOT RETURN your form to the above address. Return typed and completed form to address listed in Item 8.										
1. TO (College o	or University)	2. FROM (F	M (Recruiting Office) 3. SSN					a anticolor and a definition and operation on some	
4. NAME OF APPLICANT (Last, First, Middle Initial)										
5. APPLICANT FOR; OFFICER TRAINING SCHOOL (OTS) OTHER COMMISSIONING PROGRAM (Specify) The above individual is an applicant for an US Air Force commissioning program. In order to complete this individual's application, request you furnish the information below. 6. SIGNATURE OF RECRUITING OFFICIAL										
AUTHORIZATION										
I hereby authorized the release of the requested information.										
		OF APPLICANT								
8. TO(g Office)		9. FROM (College or University)							
10. SCHEDULED DATE OF GRADUATION (YYYYMMDD)					11. DEGREE TO BE AWARDED (BA, BS, ETC)					
12. AC	ADEMIC	MAJOR		13. CUMULATIVE GRADE POINT AVERAGE 14. CLASS STANDING (GPA)						
15. COURSES REQUIRED FOR COMPLETION OF DEGREE										
DEPT	NO	COURSE TITLE	CREDIT	DEPT	NO	COUR	SE TITLE	William Control	CREDIT	
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16. SIGNATURE OF RELEASING OFFICIAL (Please overprint with Registrar's Seal)										
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