

CERTIFICATE OF AUTHORIZATION

Form Approved -
OMB No. 0702-0062
Expires: 1

Print Name (Last, First, Middle, Jr., II, etc.)

Social Security Number

I hereby appoint the Treasurer, United States Military Academy, and his/her successor or designee, as custodian and trustee of the initial deposit made by me and the total pay and allowances accruing to me by reason of my appointment to, and duty as, a Cadet at the United States Military Academy. Said custodian shall have the power to deposit said pay and allowances in an account maintained for my use and benefit in such depository as he/she may deem to be in my best interests. He/she shall have full authority to invest said funds and to use and/or expend said funds, or any part thereof, for any and all purposes incident to my use and benefit as determined by proper authority, provided such use is in accordance with applicable laws and regulations. I understand that a portion of any interest and dividends generated by the Cadet Personal Trust Fund may be used to pay the administrative costs of maintaining the Fund, including the salaries or any persons directly employed by the Fund, whose salaries are not paid with appropriated funds. This certificate of authorization is voluntarily made and shall be and remain in full force and effect during the entire period of my appointment and duty as a Cadet at the United States Military Academy unless sooner revoked.

Date

Signature

The public reporting burden for this collection of information is estimated to average 6 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 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 (0702-0062), 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 currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions Office, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1906. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4246, Ch 503, Ch 605 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the inprocessing of cadets.

USMA Form 6-154 1 May 79 (Rev Sep 2002)

Please fold the bottom of this card up to protect your personal information. Tape at the top and mail. Thank you for your assistance.

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