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STATEMENT OF CONSENT

Form Approved  
OMB No. 0702-0062  
Expires:

I/We certify that \_\_\_\_\_ is not yet eighteen years of age and has no other legal guardian than me/us. I/We have read the entire contents of USMA Form 5-50. USMA Form 5-50 consists of the Oath of Allegiance, the Agreement to Serve and an Affirmation of marital status, child support, spousal support and custody obligations, thereby obligating my/our son/daughter in accordance with those terms.

Social Security Number: \_\_\_\_\_

Date

Parent or Legal Guardian

Other Parent

The public reporting burden for this collection of information is estimated to average 5 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 Operation 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 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 5966; Title 44 USC 3101; EO 8397. 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 5-519  
NOV 84 (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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