FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3 FOR OFFICIAL USE ONLY         REQUEST FOR EXAMINATION           THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.         THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT.	OMB No. 0704-0173 OMB approval expires		
The public reporting burden for this collection of information is estimated to average 22 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 the burden, to Headquarters, U.S. Military Entrance Processing Command, Operations Directorate, 2834 Green Bay Road, North Chicago, IL 60064-3094.			
PRIVACY ACT STATEMENT: AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. PRINCIPAL PURPOSE: The requested information on this form will be used to properly process and identify the individual requesting an examination at a military entrance processing station (MEPS). ROUTINE USE: Record is maintained with other enlistment processing records.			
DISCLOSURE: Voluntary; refusal to provide required data could result in denial of enlistment.			
A. SERVICE PROCESSING FOR B. PRIOR SERVICE Yes No C. SELECTIVE SERVICE CLASSIFICATION D. SELECTIVE SERVICE CLASSIFICATION	CTIVE SERVICE REGISTRATION NUMBER		
NUMBER OF DAYS			
1. SOCIAL SECURITY NUMBER         2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)			
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) 4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code)			
5. CITIZENSHIP (X one) 6. SEX (X one) 7.a. ETHNIC CATEGORY (X one)			
a. U.S. AT BIRTH ( If this box is marked, also X (1) or (2))	(2) NOT HISPANIC OR LATINO		
(1) NATIVE BORN       (2) BORN ABROAD OF U.S. PARENT(S)       8. MARITAL STATUS (Specify)       7.b. RACIAL CATEGORY (X all that apply)			
b. U.S. NATURALIZED C. U.S. NON-CITIZEN NATIONAL (1) AMERICAN INDIAN/ALASKA NATIVE (2) ASIAN			
d. IMMIGRANT ALIEN (Specify)			
f. ALIEN REGISTRATION NUMBER (As applicable)			
10. DATE OF BIRTH (YYYYMMDD) 11. RELIGIOUS PREFERENCE (Optional) 12. EDUCATION (Yrs/Highest Ed Gr completed) 13. PROFICIENT IN FORE	IGN LANGUAGE (X one) 1st 2nd		
	(If Yes, specify)		
14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date) 15. PLACE OF BIRTH (City, State, and C	Country)		
Yes No			
16. APTITUDE:       a. ASVAB REQUIRED TO ENLIST?       c. TEST TYPE       d. RETEST TYPE       e. PREVIOUS TEST VERS         (X one)       Yes       No       INITIAL       1ST RETEST       2ND RETEST       1.	IONS 2		
b. ENLIST UNDER STUDENT TEST SPECIAL 6 MONTH RETEST F. PREVIOUS TEST DATES	S (YYYYMMDD)		
(X one) Yes No CONFIRMATION IMMED RETEST AUTHORIZED 1.	2.		
17.a. RECRUITER ID/SSN     b. STATION ID     18. TEST ADMINISTRATOR SSN/ID     19. TEST ADMINISTRATO	R SIGNATURE		
	ST FULL MEDICAL		
(X one)         Yes         No         INSPECT         CONSULT         OTHER         EXAM (YYYYMMDD)           21. APPLICANT'S SIGNATURE         22. MIRS CODING			
WKID ST DATE	INT DATE INT		
23. APPLICANT CERTIFICATION IN PRESENCE OF TELT ADMINISTIATOR I certify that I am the person identified on bits form: Physe ID? (X price) Yes No	24. RIGHT THUMBPRINT		
If Yes type/organization: (Affix thumbprint with thumbnail pointed to			
(Signature of Applicant) ID Number: the left.)			
25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL I certify that I am the person identified on this form and the information about me shown there, including my Social Security Number is all true and correct to the			
best of my knowledge. I also certify that:			
a. I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program.			
b. I was tested with the ASVAB on or about at			
(Most Recent Date Tested) (School, City, and State)			
c. Request for student test scores (high school look-up) at (Most Recent Date Tested) (School, City, and State)			
d. Yes, I want to keep my AFQT scores from the student test listed in "c" above.			
e. Current or last high school attended ////			
(High School) OR (13 Digit Code)	IF SECOND ATTEMPT IS REQUIRED: Turn form over (Top of form on the bottom).		
f//	Affix right thumbprint on upper right corner,		
(Signature of Applicant) (Social Security Number) (Date)	thumbnail pointed to the left.		
MEDICAL RECORDS RELEASE AUTHORITY: I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of fu			
under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during 26. APPLICANT'S CURRENT MEDICAL INSURER NAME (If none, sign your complete name to affirm 27. APPLICANT'S CURRENT MEDICAL PROVIDER NA	,		
you have no current medical insurer):			
28. MEDICAL INSURER ADDRESS 29. MEDICAL PROVIDER ADDRESS			
(Street, City, State, Country, ZIP Code) (Street, City, State, Country, ZIP Code)			
30. CERTIFICATION BY RECRUITING PERSONNEL I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:			
/       /			
(Printed/Typed Name of Recruiter (if not recorded above))			
(Recruiter ID/SSN) (Local Recruiting Activity) (Bn, NRD, Sq or RS Location)			

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