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The public reporting burden for this collection of information, 0702-0060, is estimated to average 266 minutes (25 minutes for the Pre-Candidate Phase, 195 minutes for the Candidate Phase and 46 minutes for the Accepted Candidate phase) 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.

**PRIVACY ACT STATEMENT AUTHORITY:** Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. **PRINCIPAL PURPOSE:** Collection of data on Academy candidates for opening a file. **ROUTINE USE:** To gather information on a candidate in order to open a file for admissions to the United States Military. **DISCLOSURE IS VOLUNTARY.** However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**INSTRUCTIONS:** The instructions for completing all required portions should be followed closely to ensure accurate data collection, and to preclude over-collection of information. Instructions for completing all the required forms can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

**CANDIDATE PORTAL LOGIN**

USMA ID:

Last Name:

Password:

**Forgot your ID or password?**

If you're having trouble logging in, contact your Regional Technician at:

**Northeast, Southeast, Great Lakes, Southwest, Far West.**

## West Point Candidate Portal

Online access to view your file for admission to the United States Military Academy

### Attention All USMA Applicants: SAT Essay & ACT Writing Scores Required

**When registering for the SAT,** you must select the "SAT with Essay" exam. If you have already registered for an upcoming SAT and did not select the "SAT with Essay" exam, you should immediately contact SAT (866-756-7346) to add the Essay portion. For more information:

- [SAT Registration Change Policies](#)

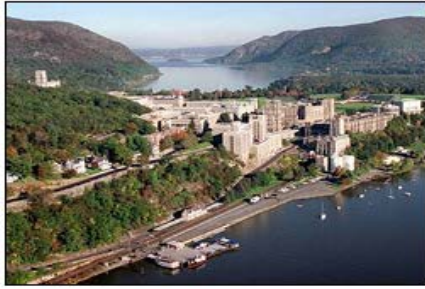
**When registering for the ACT,** you must select the "ACT plus Writing" exam. If you have already registered for an upcoming ACT and did not select the "ACT Plus Writing" exam, you should immediately contact ACT (319-337-1270) to add the writing portion. For more information:

- [The ACT Test Help and FAQs](#)

Admissions Facebook

Please join us on our  
**West Point**  
Facebook fan site

DISCLAIMER: Being a member of this Facebook fan site is not required. It is completely optional and will not affect your chances for admission to West Point. The appearance of this link is provided as a community service and does not constitute an endorsement by the DOD, DA, or USMA.



**West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996**  
Phone: (845) 938-4041 - Fax: (845) 938-3021

Having trouble logging in? contact your Regional Technician: **Northeast, Southeast, Great Lakes, Southwest, Far West.**

[West Point Candidate Portal](#)   [West Point Home Page](#)

PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 0397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

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## Application Overview

### JOHN DOE, USMA Class of 2026

#### Your Application Forms & Publications

To get the most current Adobe reader, [click here](#)

- [Admissions Regions Map & Contacts](#)
- [Application Instructions Booklet](#)

The candidate portal contains all of the information needed to complete your application. For this portion of the process, you will work with the items listed below. The goal, generally, is to make all of the **Red Status Icons** into **Green Status Icons**. Once this is done and West Point has received all required information as specified in the Application Instructions Booklet above, your file will be considered complete.

**Please allow up to 3 weeks for any manually processed documents to be updated**

| OFFERED APPOINTMENT   |
|---|
| <a href="#">Instructions For Applicants Offered Admission</a> |
| <a href="#">Forms For Applicants Offered Admission</a>        |
| <a href="#">Sample Oath of Allegiance</a>                     |
| You accepted your appointment on Feb. 7, 2022                 |

| ADMISSIBLE PACKETS  |
|---|
| Now documents that you will need to complete prior to your arrival at West Point. These documents will be updated periodically.<br><a href="#">Go to your ADMISSIBLE PACKETS page</a> |
| 15T ADMISSIBLE (Feb 7, 2022)  |

✔ On File 
 ⚠ Pending 
 ✖ Not On File 
 [-] Not Applicable

| ADMIT KEY  |
|--|
| <span style="color: red;">✖</span> <b>Points of Contact</b> - List your points of contact  |
| <span style="color: red;">✖</span> <b>Personal Information</b> - Your personal information   |
| <span style="color: red;">✖</span> <b>Travel</b> - Provide travel preferences  |
| <span style="color: red;">✖</span> <b>Birth Certificate/Naturalization Papers</b> not received <ul style="list-style-type: none"> <li>• Upload these documents through "Upload Docs"</li> <li>• <b>Submission of one or the other is REQUIRED BEFORE your Security Clearance/e-QIP can be processed.</b> As such, uploading this documentation as soon as possible is essential to avoiding delays.</li> </ul>   |
| <span style="color: blue;">📧</span> <b>Tattoo Form</b> not received (required whether you have a tattoo or not)<br><small>For help: ADHISGIONS/NE at (845) 938-5721 or email</small>   |
| <span style="color: red;">✖</span> <b>COVID-19 Vaccine/Test information</b> not on file<br><small>For help: ADHISGIONS/NE at (845) 938-5721 or email</small>   |
| --- <b>Parental Consent</b> (only required if you won't be 18 by July 1, 2022)<br><small>For help: ADHISGIONS/NE at (845) 938-5721 or email</small>  |
| <span style="color: red;">✖</span> <b>Police Record Check</b> not received<br><small>For help: ADHISGIONS/NE at (845) 938-5721 or email</small>  |
| <span style="color: red;">✖</span> <b>Immunization Form</b> not received<br><small>For help: CADET HEALTH at (845) 938-3003 or email</small>   |
| <span style="color: red;">✖</span> <b>Dental Information</b> (Will change to 'On File' when all dental requirements below are met.) <ul style="list-style-type: none"> <li><span style="color: red;">✖</span> <b>Panorex</b> not received                             <br/> <small>For help: DENTAL CLINIC at (845) 938-3121 or email</small> </li> <li><span style="color: red;">✖</span> <b>Bitewings</b> not received                             <br/> <small>For help: DENTAL CLINIC at (845) 938-3121 or email</small> </li> <li><span style="color: red;">✖</span> <b>Dental Screening</b> not received                             <br/> <small>For help: DENTAL CLINIC at (845) 938-3121 or email</small> </li> </ul> |
| <span style="color: red;">✖</span> <b>Direct Deposit Authorization</b> not received<br><small>For help: MILITARY PAY at (845) 938-0901/6134 or email</small>   |
| <span style="color: red;">✖</span> <b>Vision Survey</b> not received<br><small>For help: OPTOMETRY at (845) 938-2021 or email</small>  |
| <span style="color: red;">✖</span> <b>SSN card</b> not received<br><small>For help: ADHISGIONS/NE at (845) 938-5721 or email</small>   |
| <span style="color: red;">✖</span> <b>Servicemembers' Group Life Insurance</b> not completed<br><small>For help: USCC S1- PLEASE BRING SIGNED COPY OF THIS ON RDAY. FOR QUESTIONS CALL: at (845)938-6688/3505 or email</small>   |
| <span style="color: red;">✖</span> <b>Form DD93: Record of Emergency Data</b> not completed<br><small>For help: USCC S1- PLEASE BRING SIGNED COPY OF THIS ON RDAY. FOR QUESTIONS CALL: at (845)938-6688/3505 or email</small>  |
| <span style="color: red;">✖</span> <b>Certificate of Authorization</b> not received<br><small>For help: CADET ACCOUNTING SERVICES OFFICE at (845) 938-4303 or email</small>  |
| <span style="color: red;">✖</span> <b>Computer Preference</b> not received<br><small>Link only available between April 15, 2021 thru June 22, 2021. For help: GOLDCOATS at (845) 938-3265 or email</small>   |
| <span style="color: red;">✖</span> <b>Fingerprints</b> not received<br><small>For help: WP DPTMS at (845) 938-2717 or email</small>  |
| <span style="color: red;">✖</span> <b>Electronic Questionnaire for Investigations Processing (e-QIP)</b> not received<br><small>For help: WP DPTMS at (845) 938-2717 or email</small>  |
| <span style="color: red;">✖</span> <b>College Course Information</b> has not been received<br><small>For help: ADHISGIONS/NE at (845) 938-5721 or email</small>  |

Once all application requirements are on file (marked with a ✔), including Nominations and 7th Semester Transcripts, your application file will enter the queue for committee review. During high peak times, it can take up to 60 days for files to reach the committee. You will be notified immediately of any committee decisions on your file.

✔ On File 
 ⚠ Pending 
 ✖ Not On File 
 [-] Not Applicable

| CANDIDATE KEY   |
|---|
| <span style="color: red;">✖</span> <b>Candidate Personal Data Record (CPDR)</b> not on file   |
| <span style="color: red;">✖</span> <b>Candidate Background Experience Form</b> NOT on file  |
| <span style="color: green;">✔</span> <b>Official ACT or SAT scores</b> on file  |
| <span style="color: green;">✔</span> <b>Request for Academic Information</b> form received <ul style="list-style-type: none"> <li>• Your HST contact is: <b>1LT KENNY PYLES</b> (Updated Jan. 10, 2022) <span style="float: right;"></span></li> </ul>  |
| <span style="color: red;">✖</span> <b>Number of High School Transcripts (semesters)</b> received: <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;"> <span style="font-size: 2em; font-weight: bold;">0</span> </div> <ul style="list-style-type: none"> <li>• <b>&gt; Required through Feb 15, 2022: 1-6 Semesters</b></li> <li>• <i>Beginning Feb 16, 2022: 7th Semester Required</i></li> <li>• <i>Beginning May 31, 2022: 8th Semester Required</i></li> </ul>   |
| Use this link to request additional transcript uploads: <span style="float: right;"></span> <ul style="list-style-type: none"> <li>• Your additional HST contact is: <b>1LT KENNY PYLES</b> (Updated Oct. 14, 2021)</li> <li>• Your last e-mail request for additional transcripts was sent Oct. 14, 2021 at 10:47 AM</li> </ul>  |
| <span style="color: green;">✔</span> <b>No college transcripts required</b>   |
| <span style="color: red;">✖</span> <b>Candidate Activities Record (CAR)</b> not on file<br><small>**For the CAR, FIRST FILL IN THE CONTACT INFORMATION.** Then fill in the actual CAR form where you will then find a "Send Email Notification" button at the bottom of the form.</small> <ul style="list-style-type: none"> <li>• Your CAR contact is: <b>MAJ KATHLEEN ROGERS</b> (Updated Nov. 9, 2021) <span style="float: right;"></span></li> </ul>  |
| <span style="color: red;">✖</span> <b>Candidate Statements</b> not on file  |
| <span style="color: red;">✖</span> <b>Candidate Fitness Assessment (CFA)</b> ...score is on file. Your regional team will review your CFA performance (shortly after your CFA & CFA video submissions) and notify if you failed your CFA. Once your entire application is complete, several members of the USMA Admissions Committee will review your CFA performance. Once those reviews are complete you will see your CFA status update to a green check and "on file". Unless your regional team contacts you about your CFA performance, no further action is required from you for this application item.<br>• CFA Administrators can be the following: <ol style="list-style-type: none"> <li>1. Physical Education Teachers</li> <li>2. Military Academy Liaison Officers</li> <li>3. Military Officers or Noncommissioned Officers</li> <li>4. Professors of Military Science</li> <li>5. Field Force Representatives</li> <li>6. J/ROTC Instructors</li> <li>7. Coaches and relatives may <b>NOT</b> administer your CFA</li> </ol> <ul style="list-style-type: none"> <li>• Enter your CFA form official &gt;&gt; <span style="float: right;"></span></li> </ul> |
| <div style="border: 1px solid black; padding: 5px;"> <b>CFA EXAM INSTRUCTIONS</b> <p>Please refer to the following PDF and video instructions BEFORE taking your test as they give important information as well as examples of proper and improper technique. Improper technique is grounds for event and possibly test failure.</p> <ul style="list-style-type: none"> <li> <a href="#">CFA Exam Instructions</a> - Requirements, events and procedures.</li> <li> <a href="#">Instructional videos for specific events</a> - examples of proper and improper technique; each opens in a new window/tab</li> </ul> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <div style="text-align: center;"> <a href="#">Basketball Throw</a><br/> <a href="#">Flexed Arm Hang</a><br/> <a href="#">Pullups</a> </div> <div style="text-align: center;"> <a href="#">Pushups</a><br/> <a href="#">Shuttle Run</a><br/> <a href="#">Situps</a> </div> </div> </div>  |
| <b>Required CFA Videos:</b> <p>You are required to upload videos of your Pushup and Pullup/Flexed Arm Hang events only.</p>   |
| <span style="color: red;">✖</span> <b>CFA Pull-ups Video</b> not on file  |
| <span style="color: red;">✖</span> <b>CFA Pushups Video</b> not on file   |
| <div style="border: 1px solid black; padding: 5px;"> <b>CFA VIDEO INSTRUCTIONS</b> <ul style="list-style-type: none"> <li>• Watch this instructional video for other important requirements:                             <ul style="list-style-type: none"> <li>• <a href="#">CFA Video Instructions</a> (Not available yet) - How to record and upload your video-required CFA event</li> <li>• Record a separate video for each event</li> <li>• HDV, MP4, HAV, ZGP or WHV format, up to 150mb in size.</li> <li>• If possible, set the record mode to low resolution or screen saving.</li> <li>• Go to "Upload Docs" and select the event name as the document type.</li> </ul> </li> </ul> </div>  |
| --- <b>Supplemental Information Sheet</b> (College activities)<br><small>For candidates who have attended college, provide a list of your college athletic participation and extracurricular activities</small>   |
| --- <b>Employer's Evaluation of Candidate</b> - USMA Form S-518   |

| SCHOOL OFFICIAL EVALUATIONS  |
|--|
| <b>The following SOEs are required (for prior applicants as well): ENGLISH, MATH, PHYSICS/CHEMISTRY, PHYS ED</b>   |
| <span style="color: orange;">⚠</span> Evaluation pending: PHYS ED <ul style="list-style-type: none"> <li>• This PHYS ED SOE official is: <b>MR STEVE GILBERT</b></li> <li>• This contact was e-mailed your SOE request on December 23, 2021</li> </ul> |
| <span style="color: red;">✖</span> Evaluation not on file: (ENGLISH) <ul style="list-style-type: none"> <li>• Enter information for your <b>ENGLISH SOE official</b> &gt;&gt; <span style="float: right;"></span></li> </ul>                           |
| <span style="color: red;">✖</span> Evaluation not on file: (MATH) <ul style="list-style-type: none"> <li>• Enter information for your <b>MATH SOE official</b> &gt;&gt; <span style="float: right;"></span></li> </ul>                                 |
| <span style="color: red;">✖</span> Evaluation not on file: (PHYSICS/CHEMISTRY) <ul style="list-style-type: none"> <li>• Enter information for your <b>PHYSICS/CHEMISTRY SOE official</b> &gt;&gt; <span style="float: right;"></span></li> </ul>       |

| MEDICAL  |
|--|
| Status (Date): <b>BLOCKED</b> (Jun 22, 2021)           |
| More Info: <a href="#">Medical Qualification (PDF)</a> |

| NOMINATIONS   |
|---|
| You have no nominations on file for this class year |



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## Point of Contact

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**USMA Admissions** - Building 606, West Point, New York 10996 - (845) 938-4041 - [admissions@usma.edu](mailto:admissions@usma.edu)

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**If you don't know your userid or password,** contact you Regional Technician: [Northeast](#), [Southeast](#), [Great Lakes](#), [Southwest](#), [Far West](#).

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**Fields in bold and with an asterisk (\*) are required**

|  | Point of Contact 1  | Point of Contact 2   |
|--|---|----------------------|
| <b>*Relationship:</b>  | --- SELECT ---  | --- SELECT ---       |
| <b>*Title:</b>   | --- SELECT ---  | --- SELECT ---       |
| <b>*First Name:</b>  | <input type="text"/>  | <input type="text"/> |
| Middle:  | <input type="text"/>  | <input type="text"/> |
| <b>*Last Name:</b>   | <input type="text"/>  | <input type="text"/> |
| Name Suffix (i.e. Jr., III):   | <input type="text"/>  | <input type="text"/> |
| Branch:  | --- SELECT ---  | --- SELECT ---       |
| Rank:  | --- SELECT ---  | --- SELECT ---       |
| Status:  | --- SELECT ---  | --- SELECT ---       |
| <b>*Street Address 1:</b>  | <input type="text"/>  | <input type="text"/> |
| Street Address 2:  | <input type="text"/>  | <input type="text"/> |
| <b>*City:</b>  | <input type="text"/>  | <input type="text"/> |
| <b>*State:</b>   | --- SELECT ---  | <input type="text"/> |
| <b>*Zip:</b>   | <input type="text"/> - <input type="text"/>   | <input type="text"/> |
| <b>*Country:</b>   | United States   | <input type="text"/> |
| <b>*Phone Number:</b>  | <input type="text"/>  | <input type="text"/> |
| Email Address:   | <input type="text"/>  | <input type="text"/> |
| <b>*Mail To:</b>   | <p>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you.(i.e. Capt. Jones)</p> <input style="width: 100%;" type="text"/> |                      |
| <input type="checkbox"/> <b>DO</b> <input checked="" type="checkbox"/> <b>DO NOT</b> | authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.   |                      |
| <input type="checkbox"/> <b>DO</b> <input checked="" type="checkbox"/> <b>DO NOT</b> | authorize the release of my academic grades, and academic performance for this POC only.  |                      |
| <input type="checkbox"/> <b>DO</b> <input checked="" type="checkbox"/> <b>DO NOT</b> | authorize the release of information concerning any adverse action against me for this POC only.  |                      |
| Remarks: (limit 255 characters)  | <input style="width: 100%; height: 40px;" type="text"/>   |                      |



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**Fields in bold and with an asterisk (\*) are required**

|  |  |
|--|--|
| <p><b>Point of Contact 1</b></p> <p><b>*Relationship:</b> <span style="border: 1px solid #ccc; padding: 2px;">--- SELECT ---</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">--- SELECT ---</span></p> <p><b>*Title:</b> <span style="border: 1px solid #ccc; padding: 2px;">AUNT</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">BROTHER</span></p> <p><b>*First Name:</b> <span style="border: 1px solid #ccc; padding: 2px;">BROTHER-IN-LAW</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">CONGRESS MEMBER</span></p> <p>Middle: <span style="border: 1px solid #ccc; padding: 2px;">DELEGATE IN CONGRESS</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">FATHER</span></p> <p><b>*Last Name:</b> <span style="border: 1px solid #ccc; padding: 2px;">FIANCE/FIANCEE</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">FOREIGN NOMINATION</span></p> <p>Name Suffix (i.e. Jr., III): <span style="border: 1px solid #ccc; padding: 2px;">GRANDFATHER</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">GRANDMOTHER</span></p> <p>Branch: <span style="border: 1px solid #ccc; padding: 2px;">GREAT GRANDFATHER</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">GREAT GRANDMOTHER</span></p> <p>Rank: <span style="border: 1px solid #ccc; padding: 2px;">GUARDIAN (FEMALE)</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">GUARDIAN (MALE)</span></p> <p>Status: <span style="border: 1px solid #ccc; padding: 2px;">HALFBROTHER</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">HALFSISTER</span></p> <p><b>*Street Address 1:</b> <span style="border: 1px solid #ccc; padding: 2px;">MOTHER</span> <span style="float: right;">▼</span><br/> <span style="border: 1px solid #ccc; padding: 2px;">OTHER</span></p> <p>Street Address 2: <span style="border: 1px solid #ccc; padding: 2px;">PRESIDENTIAL NOMINATION</span> <span style="float: right;">▼</span></p> <p><b>*City:</b> <input style="width: 100%;" type="text"/></p> <p><b>*State:</b> <span style="border: 1px solid #ccc; padding: 2px;">▼</span></p> <p><b>*Zip:</b> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p><b>*Country:</b> <span style="border: 1px solid #ccc; padding: 2px;">United States</span> <span style="float: right;">▼</span></p> <p><b>*Phone Number:</b> <input style="width: 100%;" type="text"/></p> <p>Email Address: <input style="width: 100%;" type="text"/></p> <p><b>*Mail To:</b> <input style="width: 100%;" type="text"/></p> <p><small>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you.(i.e. Capt. Jones)</small></p> <p>I <input type="radio"/> <b>DO</b> <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p>I <input type="radio"/> <b>DO</b> <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of my academic grades, and academic performance for this POC only.</p> <p>I <input type="radio"/> <b>DO</b> <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information concerning any adverse action against me for this POC only.</p> <p>Remarks: (limit 255 characters) <input style="width: 100%; height: 40px;" type="text"/></p> | <p><b>Point of Contact 2</b></p> <p><span style="border: 1px solid #ccc; padding: 2px;">--- SELECT ---</span> <span style="float: right;">▼</span></p> <p><span style="border: 1px solid #ccc; padding: 2px;">--- SELECT ---</span> <span style="float: right;">▼</span></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><span style="border: 1px solid #ccc; padding: 2px;">--- SELECT ---</span> <span style="float: right;">▼</span></p> <p><span style="border: 1px solid #ccc; padding: 2px;">--- SELECT ---</span> <span style="float: right;">▼</span></p> <p><span style="border: 1px solid #ccc; padding: 2px;">--- SELECT ---</span> <span style="float: right;">▼</span></p> |
|--|--|



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**Fields in bold and with an asterisk (\*) are required**

**Point of Contact 1**

**Point of Contact 2**

**\*Relationship:**

**\*Title:**

**\*First Name:**

Middle:

**\*Last Name:**

Name Suffix (i.e. Jr, III):

Branch:

Rank:

Status:

**\*Street Address 1:**

Street Address 2:

**\*City:**

**\*State:**

**\*Zip:**  -

**\*Country:**

**\*Phone Number:**

Email Address:

- SELECT ---
- SELECT ---
- AUNT
- BROTHER
- BROTHER-IN-LAW
- CONGRESS MEMBER
- DELEGATE IN CONGRESS
- FATHER
- FIANCE/FIANCEE
- FOREIGN NOMINATION
- GRANDFATHER
- GRANDMOTHER
- GREAT GRANDFATHER
- GREAT GRANDMOTHER
- GUARDIAN (FEMALE)
- GUARDIAN (MALE)
- HALFBROTHER
- HALFSISTER
- MOTHER
- OTHER
- PRESIDENTIAL NOMINATION

**\*Mail To:** This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you.(i.e. Capt. Jones)

- I  **DO**  **DO NOT** authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.
- I  **DO**  **DO NOT** authorize the release of my academic grades, and academic performance for this POC only.
- I  **DO**  **DO NOT** authorize the release of information concerning any adverse action against me for this POC only.

Remarks: (limit 255 characters)



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Fields in bold and with an asterisk (\*) are required

**Point of Contact 1**

**Point of Contact 2**

\***Relationship:**

\***Title:**

\***First Name:**

Middle:

\***Last Name:**

Name Suffix (i.e. Jr., III):

Branch:

Rank:

Status:

\***Street Address 1:**

Street Address 2:

\***City:**

\***State:**

\***Zip:**

\***Country:**

\***Phone Number:**

Email Address:

\***Mail To:**

I  **DO**  **DO NOT** authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.

I  **DO**  **DO NOT** authorize the release of my academic grades, and academic performance for this POC only.

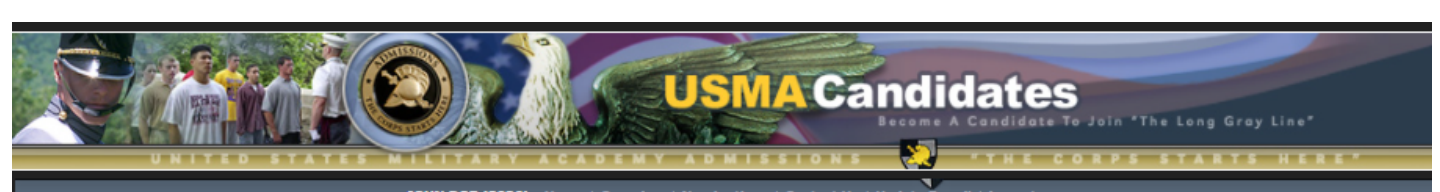
I  **DO**  **DO NOT** authorize the release of information concerning any adverse action against me for this POC only.

Remarks: (limit 255 characters)









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|   | Point of Contact 1   | Point of Contact 2  |
|---|--|---|
| <b>*Relationship:</b>   | --- SELECT ---   | --- SELECT ---  |
| <b>*Title:</b>  | --- SELECT ---   | --- SELECT ---  |
| <b>*First Name:</b>   | <input type="text"/>   | <input type="text"/>  |
| Middle:   | <input type="text"/>   | <input type="text"/>  |
| <b>*Last Name:</b>  | <input type="text"/>   | <input type="text"/>  |
| Name Suffix (i.e. Jr, III):   | <input type="text"/>   | <input type="text"/>  |
| Branch:   | --- SELECT ---   | --- SELECT ---  |
| Rank:   | --- SELECT ---   | --- SELECT ---  |
| Status:   | --- SELECT ---   | <ul style="list-style-type: none"> <li>--- SELECT ---</li> <li>--- SELECT ---</li> <li>Allied Air Force</li> <li>Allied Army</li> <li>Allied Marine Corps</li> <li>Allied Navy</li> <li>Allied Organization</li> <li>Joint</li> <li>Unknown</li> <li>US Air Force</li> <li>US Army</li> <li>US Coast Guard</li> <li>US Marine Corps</li> <li>US Navy</li> </ul> |
| <b>*Street Address 1:</b>   | <input type="text"/>   | <input type="text"/>  |
| Street Address 2:   | <input type="text"/>   | <input type="text"/>  |
| <b>*City:</b>   | <input type="text"/>   | <input type="text"/>  |
| <b>*State:</b>  | --- SELECT ---   | <input type="text"/>  |
| <b>*Zip:</b>  | <input type="text"/> - <input type="text"/>  | <input type="text"/>  |
| <b>*Country:</b>  | United States  | <input type="text"/>  |
| <b>*Phone Number:</b>   | <input type="text"/>   | <input type="text"/>  |
| Email Address:  | <input type="text"/>   | <input type="text"/>  |
| <b>*Mail To:</b>  | <p>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you.(i.e. Capt. Jones)</p> <input type="text"/> |   |
| I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> | authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.  |   |
| I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> | authorize the release of my academic grades, and academic performance for this POC only.   |   |
| I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> | authorize the release of information concerning any adverse action against me for this POC only.   |   |
| Remarks: (limit 255 characters)   | <input type="text"/>   |   |

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|   |   |                           |
|---|---|---------------------------|
|   | <b>Point of Contact 1</b>   | <b>Point of Contact 2</b> |
| <b>*Relationship:</b>   | --- SELECT ---  | --- SELECT ---            |
| <b>*Title:</b>  | --- SELECT ---  | --- SELECT ---            |
| <b>*First Name:</b>   | <input type="text"/>  | <input type="text"/>      |
| Middle:   | <input type="text"/>  | <input type="text"/>      |
| <b>*Last Name:</b>  | <input type="text"/>  | <input type="text"/>      |
| Name Suffix (i.e. Jr., III):  | <input type="text"/>  | <input type="text"/>      |
| Branch:   | --- SELECT ---  | --- SELECT ---            |
| Rank:   | --- SELECT ---  | --- SELECT ---            |
| Status:   | <div style="border: 1px solid black; padding: 2px;">             --- SELECT ---<br/>             ADMIRAL<br/>             AIRMAN<br/>             AIRMAN APPRENTICE<br/>             AIRMAN BASIC<br/>             AIRMAN FIRST CLASS<br/>             AIRMAN RECRUIT<br/>             BRIGADIER GENERAL<br/>             CADET<br/>             CAPTAIN<br/>             CAPTAIN (NAVY, COAST GUARD)<br/>             CHIEF MASTER SERGEANT<br/>             CHIEF MASTER SERGEANT OF THE AIR FORCE<br/>             CHIEF PETTY OFFICER<br/>             CHIEF WARRANT OFFICER FIVE<br/>             CHIEF WARRANT OFFICER FOUR<br/>             CHIEF WARRANT OFFICER THREE<br/>             CHIEF WARRANT OFFICER TWO<br/>             COLONEL<br/>             COMMAND SERGEANT MAJOR           </div> | --- SELECT ---            |
| <b>*Street Address 1:</b>   | <input type="text"/>  | <input type="text"/>      |
| Street Address 2:   | <input type="text"/>  | <input type="text"/>      |
| <b>*City:</b>   | <input type="text"/>  | <input type="text"/>      |
| <b>*State:</b>  | <input type="text"/>  | <input type="text"/>      |
| <b>*Zip:</b>  | <input type="text"/>  | <input type="text"/>      |
| <b>*Country:</b>  | <input type="text"/>  | <input type="text"/>      |
| <b>*Phone Number:</b>   | <input type="text"/>  | <input type="text"/>      |
| Email Address:  | <input type="text"/>  | <input type="text"/>      |
| <b>*Mail To:</b>  | <input type="text"/>  | <input type="text"/>      |
| <p>I <input type="radio"/> <b>DO</b> <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p>I <input type="radio"/> <b>DO</b> <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of my academic grades, and academic performance for this POC only.</p> <p>I <input type="radio"/> <b>DO</b> <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information concerning any adverse action against me for this POC only.</p> |   |                           |
| Remarks: (limit 255 characters)   | <input type="text"/>  |                           |



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|  |  |   |
|--|--|---|
|  | <b>Point of Contact 1</b>  | <b>Point of Contact 2</b>   |
| <b>*Relationship:</b>  | --- SELECT ---   | --- SELECT ---  |
| <b>*Title:</b>   | --- SELECT ---   | --- SELECT ---  |
| <b>*First Name:</b>  | <input type="text"/>   | <input type="text"/>  |
| Middle:  | <input type="text"/>   | <input type="text"/>  |
| <b>*Last Name:</b>   | <input type="text"/>   | <input type="text"/>  |
| Name Suffix (i.e. Jr., III):   | <input type="text"/>   | <input type="text"/>  |
| Branch:  | --- SELECT ---   | --- SELECT ---  |
| Rank:  | --- SELECT ---   | --- SELECT ---  |
| Status:  | --- SELECT ---   | <div style="border: 1px solid black; padding: 2px;">             --- SELECT ---<br/>             ADMIRAL<br/>             AIRMAN<br/>             AIRMAN APPRENTICE<br/>             AIRMAN BASIC<br/>             AIRMAN FIRST CLASS<br/>             AIRMAN RECRUIT<br/>             BRIGADIER GENERAL<br/>             CADET<br/>             CAPTAIN<br/>             CAPTAIN (NAVY, COAST GUARD)<br/>             CHIEF MASTER SERGEANT<br/>             CHIEF MASTER SERGEANT OF THE AIR FORCE<br/>             CHIEF PETTY OFFICER<br/>             CHIEF WARRANT OFFICER FIVE<br/>             CHIEF WARRANT OFFICER FOUR<br/>             CHIEF WARRANT OFFICER THREE<br/>             CHIEF WARRANT OFFICER TWO<br/>             COLONEL<br/>             COMMAND SERGEANT MAJOR           </div> |
| <b>*Street Address 1:</b>  | <input type="text"/>   |   |
| Street Address 2:  | <input type="text"/>   |   |
| <b>*City:</b>  | <input type="text"/>   |   |
| <b>*State:</b>   | --- SELECT ---   |   |
| <b>*Zip:</b>   | <input type="text"/> - <input type="text"/>  |   |
| <b>*Country:</b>   | United States  |   |
| <b>*Phone Number:</b>  | <input type="text"/>   |   |
| Email Address:   | <input type="text"/>   |   |
| <b>*Mail To:</b>   | <p>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you.(i.e. Capt. Jones)</p> <input type="text"/> |   |
| <p>I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of my academic grades, and academic performance for this POC only.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information concerning any adverse action against me for this POC only.</p> |  |   |
| Remarks: (limit 255 characters)  | <input type="text"/>   |   |



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Fields in bold and with an asterisk (\*) are required

| Point of Contact 1   | Point of Contact 2                          |
|--|---|
| <b>*Relationship:</b> <input type="text" value="--- SELECT ---"/>  | <input type="text" value="--- SELECT ---"/> |
| <b>*Title:</b> <input type="text" value="--- SELECT ---"/>   | <input type="text" value="--- SELECT ---"/> |
| <b>*First Name:</b> <input type="text"/>   | <input type="text"/>                        |
| Middle: <input type="text"/>   | <input type="text"/>                        |
| <b>*Last Name:</b> <input type="text"/>  | <input type="text"/>                        |
| Name Suffix (i.e. Jr., III): <input type="text"/>  | <input type="text"/>                        |
| Branch: <input type="text" value="--- SELECT ---"/>  | <input type="text" value="--- SELECT ---"/> |
| Rank: <input type="text" value="--- SELECT ---"/>  | <input type="text" value="--- SELECT ---"/> |
| Status: <input type="text" value="--- SELECT ---"/>  | <input type="text" value="--- SELECT ---"/> |
| <b>*Street Address 1:</b> <input type="text"/>   | <input type="text" value="--- SELECT ---"/> |
| Street Address 2: <input type="text"/>   | ACTIVE<br>INACTIVE<br>RETIRED               |
| <b>*City:</b> <input type="text"/>   |   |
| <b>*State:</b> <input type="text" value="--- SELECT ---"/>   |   |
| <b>*Zip:</b> <input type="text" value=""/> - <input type="text" value=""/>   |   |
| <b>*Country:</b> <input type="text" value="United States"/>  |   |
| <b>*Phone Number:</b> <input type="text"/>   |   |
| Email Address: <input type="text"/>  |   |
| <b>*Mail To:</b> <input type="text"/>  |   |
| <p>This field is used as the top line of an address label. Please enter the proper salutations and name(s) of the person(s) who will get mail from you.(i.e. Capt. Jones)</p> <input type="text"/>   |   |
| <p>I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of my academic grades, and academic performance for this POC only.</p> <p>I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the release of information concerning any adverse action against me for this POC only.</p> |   |
| <p>Remarks: (limit 255 characters) <input style="width: 90%;" type="text"/></p>  |   |

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|   | Point of Contact 1  | Point of Contact 2   |
|---|---|----------------------|
| <b>*Relationship:</b>   | --- SELECT ---  | --- SELECT ---       |
| <b>*Title:</b>  | --- SELECT ---  | --- SELECT ---       |
| <b>*First Name:</b>   | <input type="text"/>  | <input type="text"/> |
| Middle:   | <input type="text"/>  | <input type="text"/> |
| <b>*Last Name:</b>  | <input type="text"/>  | <input type="text"/> |
| Name Suffix (i.e. Jr, III):   | <input type="text"/>  | <input type="text"/> |
| Branch:   | --- SELECT ---  | --- SELECT ---       |
| Rank:   | --- SELECT ---  | --- SELECT ---       |
| Status:   | --- SELECT ---  | --- SELECT ---       |
| <b>*Street Address 1:</b>   | <input type="text"/>  |                      |
| Street Address 2:   | <input type="text"/>  |                      |
| <b>*City:</b>   | <input type="text"/>  |                      |
| <b>*State:</b>  | --- SELECT ---<br>ALABAMA<br>ALASKA<br>AMERICAN SAMOA<br>ARIZONA<br>ARKANSAS<br>ARMED FORCES AMERICAS, EXCEPT CANADA<br>ARMED FORCES EUROPE, MIDDLE EAST, AND CANADA<br>ARMED FORCES PACIFIC<br>CALIFORNIA<br>COLORADO<br>CONNECTICUT<br>DELAWARE<br>DISTRICT OF COLUMBIA<br>FEDERATED STATES OF MICRONESIA<br>FLORIDA<br>FOREIGN NATIONAL<br>GEORGIA<br>GUAM<br>HAWAII |                      |
| <b>*Zip:</b>  | <input type="text"/>  |                      |
| <b>*Country:</b>  |   |                      |
| <b>*Phone Number:</b>   | <input type="text"/>  |                      |
| Email Address:  | <input type="text"/>  |                      |
| <b>*Mail To:</b>  | <input type="text"/>  |                      |
| I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the nomination to be initiated by me and of medical consent for this POC only. |   |                      |
| I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the nomination to be initiated by me for this POC only.                        |   |                      |
| Remarks: (limit 255 characters)   | <input type="text"/>  |                      |



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Fields in bold and with an asterisk (\*) are required

|  | Point of Contact 1                          | Point of Contact 2   |
|--|---|----------------------|
| <b>*Relationship:</b>  | --- SELECT ---                              | --- SELECT ---       |
| <b>*Title:</b>   | --- SELECT ---                              | --- SELECT ---       |
| <b>*First Name:</b>  | <input type="text"/>                        | <input type="text"/> |
| Middle:  | <input type="text"/>                        | <input type="text"/> |
| <b>*Last Name:</b>   | <input type="text"/>                        | <input type="text"/> |
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| Branch:  | --- SELECT ---                              | --- SELECT ---       |
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| <b>*Street Address 1:</b>  | <input type="text"/>                        | <input type="text"/> |
| Street Address 2:  | <input type="text"/>                        | <input type="text"/> |
| <b>*City:</b>  | <input type="text"/>                        | <input type="text"/> |
| <b>*State:</b>   | --- SELECT ---                              | --- SELECT ---       |
| <b>*Zip:</b>   | <input type="text"/> - <input type="text"/> | <input type="text"/> |
| <b>*Country:</b>   | United States                               | United States        |
| <b>*Phone Number:</b>  | <input type="text"/>                        | <input type="text"/> |
| Email Address:   | <input type="text"/>                        | <input type="text"/> |
| <b>*Mail To:</b>   | <input type="text"/>                        | <input type="text"/> |
| I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the nomination initiated by me and of medical condition for this POC only. |   |                      |
| I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the nomination for this POC only.  |   |                      |
| I <input type="radio"/> DO <input checked="" type="radio"/> <b>DO NOT</b> authorize the nomination for me for this POC only.                                   |   |                      |
| Remarks: (limit 255 characters)  | <input type="text"/>                        | <input type="text"/> |

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|                               |         |   |
|-------------------------------|---------|---|
| <b>*Religious Preference:</b> | UNKNOWN | ▼ |
| <b>*Hair Color:</b>           | UNKNOWN | ▼ |
| <b>*Eye Color:</b>            | UNKNOWN | ▼ |
| Blood Type:                   | UNKNOWN | ▼ |

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|                               |         |
|-------------------------------|---------|
| <b>*Religious Preference:</b> | UNKNOWN |
| <b>*Hair Color:</b>           | UNKNOWN |
| <b>*Eye Color:</b>            | UNKNOWN |
| Blood Type:                   | UNKNOWN |

- ROMAN CATHOLIC CHURCH
- SALVATION ARMY
- SCHWENKFELDER CHURCHES THE GENERAL CONFERENCE OF SEVENTH DAY ADVENTISTS
- SEVENTH DAY BAPTIST CONFERENCE
- SOUTHERN BAPTIST CONVENTION
- SOUTHERN METHODIST CHURCH
- SOUTHWIDE BAPTIST FELLOWSHIP
- SWEDENBORGIAN CHURCH, GENERAL CONFERENCE OF THE WESLEYAN CHURCH
- TIOGA RIVER CHRISTIAN CONFERENCE
- UKRANIAN EVANGELICAL BAPTIST CONFERENCE
- UNITARIAN UNIVERSALIST ASSOCIATION
- UNITED CHRISTIAN CHURCH
- UNITED CHURCH OF CHRIST
- UNITED METHODIST CHURCH
- UNITED PENTECOSTAL CHURCH, INTERNATIONAL
- UNITED PRESBYTERIAN CHURCH EVANGELICAL SYNOD
- UNITED PRESBYTERIAN CHURCH IN THE USA

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ma.edu

here.  
athwest, Far West.



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## Personal Information Card

Fields in bold and with an asterisk (\*) are required

\*Religious Preference: UNKNOWN

\*Hair Color: UNKNOWN

\*Eye Color: AUBURN  
BLACK  
BLOND  
BROWN  
GRAY  
RED  
SILVER  
UNKNOWN  
WHITE

Blood Type:

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If you don't know your userid or password, contact your Regional Technician: [Northeast](#), [Southeast](#), [Great Lakes](#), [Southwest](#), [Far West](#).



UNITED STATES MILITARY ACADEMY ADMISSIONS "THE CORPS STARTS HERE"

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## Personal Information Card

Fields in bold and with an asterisk (\*) are required

\*Religious Preference: UNKNOWN

\*Hair Color: UNKNOWN

\*Eye Color: UNKNOWN

Blood Type:
 

- BLACK
- BLUE
- BROWN
- GRAY
- GREEN
- HAZEL
- UNKNOWN
- VIOLET

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USMA Candidate Portal USMA Home Page



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## Personal Information Card

Fields in bold and with an asterisk (\*) are required

\*Religious Preference: UNKNOWN

\*Hair Color: UNKNOWN

\*Eye Color: UNKNOWN

Blood Type: UNKNOWN

- UNKNOWN
- APOSITIVE
- ANEGATIVE
- ABPOSITIVE
- ABNEGATIVE
- BPOSITIVE
- BNEGATIVE
- OPOSITIVE
- ONEGATIVE



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## Travel Arrangements

**Fields in bold and with an asterisk (\*) are required.**

For official government reservations only complete this card immediately upon acceptance of your appointment.

**\*Point of contact:**

**\*Parent/Guardian Phone:**

Note: Numbers only. Include area code. 10-14 digits.

Name of Airport and City closest to your residence:

Government Purchased airline ticket needed:  Yes  No

Select "Yes" if you have not already purchased an airline ticket and would like the government to do so for you. Select "No" if you have already purchased an airline ticket. Reimbursement for airline tickets will be handled after R-Day

Optional Hotel Package - CADETS ONLY (Does Not Include Parents)

This package is for accommodations on 6/26/2022 with a same-gender roommate, continental breakfast the next morning and bus transportation to the Academy on 6/27/2022

I accept the accommodation for Newark

I Decline the accomodation package

If you have been recruited for a sports team please indicate the team and the date you were advised to arrive.

Date asked to arrive:  MM/DD/YYYY

Note: You must enter an arrival date if anything other than No Participation is selected from the team list.

If traveling with family members, please provide flight information:

(limit 255 characters)

If updating your email address both textbox entries must match.(Your current email address is defaulted)

Email Address:

Verify Email Address:

Email addresses do not match



## Travel Arrangements

**Fields in bold and with an asterisk (\*) are required.**

For official government reservations only complete this card immediately upon acceptance of your appointment.

**\*Point of contact:**

**\*Parent/Guardian Phone:**

Note: Numbers only. Include area code. 10-14 digits.

Name of Airport and City closest to your residence:

Government Purchased airline ticket needed:  Yes  No

Select "Yes" if you have not already purchased an airline ticket and would like the government to do so for you. Select "No" if you have already purchased an airline ticket. Reimbursement for airline tickets will be handled after R-Day

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I accept the accommodation for Newark

I Decline the accomodation package

If you have been recruited for a sports team please indicate the team and the date you were advised to arrive.

- NO PARTICIPATION (MIXED) ▼
- FOOTBALL (MIXED)
- GOLF (MEN)
- GOLF (WOMEN)
- GYMNASTICS (MEN)
- GYMNASTICS (MIXED)
- GYMNASTICS (WOMEN)
- HANDBALL (MIXED)
- ICE HOCKEY (MEN)
- ICE HOCKEY (MIXED)
- JV SPORTS PARTICIPATION
- LACROSSE (MEN)
- LACROSSE (WOMEN)
- MARATHON (MIXED)
- Martial Arts (Karate, Judo, Taekwondo, Kendo, etc)
- Martial Arts Blackbelt
- MEDICALLY EXCUSED (MIXED)
- Mixed Martial Arts / Submission Grappling
- Mixed Martial Arts Blackbelt
- MOUNTAINEERING (MIXED)
- NO PARTICIPATION (MIXED) ▼

Date asked to arrive:  MM/DD/YYYY

icipation is selected from the team list.

formation:

at match.(Your current email address is defaulted)





# West Point Admissions CANDIDATES

DUTY · HONOR · COUNTRY

UNITED STATES MILITARY ACADEMY

**JOHN DOE (2026)** : [Home](#) | [Profile](#) | [Overview](#) | [Upload Docs](#) | [Nominations](#) | [Field Force Representative](#)

[Home](#) > [Overview](#) > [Tattoo Form](#)

## Candidate Tattoo Form USMA Class of 2026

**Instructions:** Please carefully review the policy below and complete the questionnaire.

**Army Regulation 670-1** dictates the Wear and Appearance of Army Uniforms and Insignia. Below is a synopsis of the Army's tattoo policy, as well as a description of tattoos that are not authorized for Soldiers to have.

### TATTOO POLICY

Unauthorized tattoo locations:

- On the head, face, & neck, (anything above the T-shirt line to include on/inside the eyelids, mouth, & ears)
- On the hands, fingers, wrists (below the wrist bone)
- Each visible tattoo below the elbow or below the knee must be smaller than the size of the wearer's hand (with fingers extended & joined with the thumb touching the base of the index finger)
- Soldiers may have no more than 4 total visible tattoos (smaller than the size of the wearer's hand) below the elbow or below the knee

### CATEGORIES OF UNAUTHORIZED TATTOOS

- Extremist tattoos or brands are those affiliated with, depicting, or symbolizing extremist philosophies, organizations, or activities.
- Indecent tattoos or brands are those that are grossly offensive to modesty, decency, propriety or professionalism.
- Sexist tattoos or brands are those that advocate philosophy that degrades or demeans a person based on gender but may not meet the same definition of "indecent."
- Racist tattoos or brands are those that advocate a philosophy that degrades or demeans a person based on race, ethnicity, or national origin.

Candidate Name: JOHN DOE

Candidate ID: C92922771

1. Do you have a tattoo(s)? (Pick one)

Choose ▾

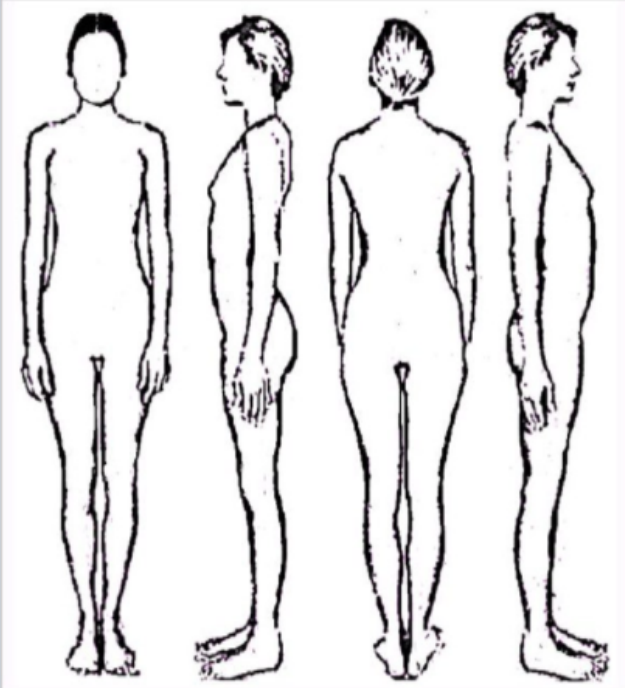
If no, please go to the bottom of this questionnaire

2. If so, how many tattoos do you have? (Pick one)

Choose ▾

3. Please circle the appropriate area of your body on the silhouettes below where the tattoo(s) are located.

Clear Sketchpad



4. Please provide a brief description of your tattoo(s).

Any tattoos, or lack thereof, will be documented and verified upon arrival to the United States Military Academy on Reception Day (R-Day).

Submit

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**Phone: (845) 938-4041 - Fax: (845) 938-3021 ✉ [Admissions@westpoint.edu](mailto:Admissions@westpoint.edu)**

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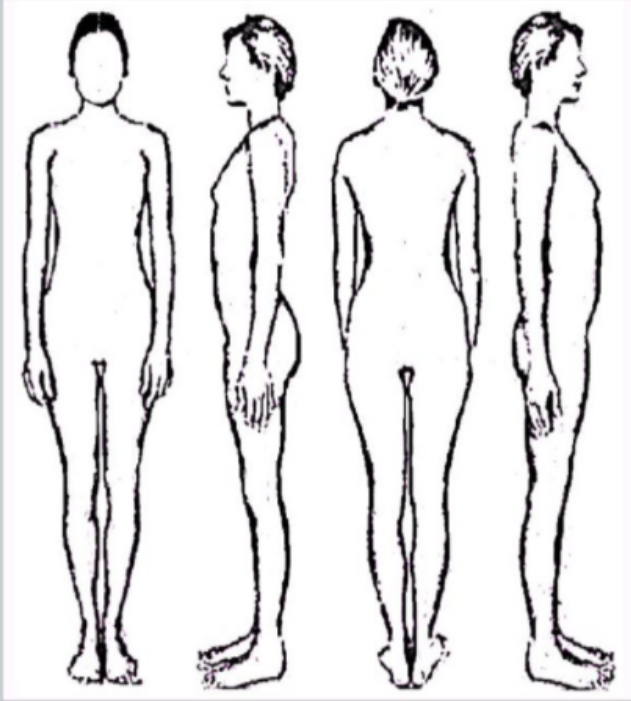
Candidate Name: JOHN DOE

Candidate ID: C92922771

1. Do you have a tattoo(s)? (Pick one)  
If no, please go to the bottom of this questionnaire
2. If so, how many tattoos do you have? (Pick one)
3. Please circle the appropriate area of your body on the silhouettes below where the tattoos are located.

Choose ▾  
Choose  
Yes ▾  
No

Clear Sketchpad



4. Please provide a brief description of your tattoo(s).

Any tattoos, or lack thereof, will be documented and verified upon arrival to the United States Military Academy on Reception Day (R-Day).

Submit





Candidate Name: JOHN DOE

Candidate ID: C92922771

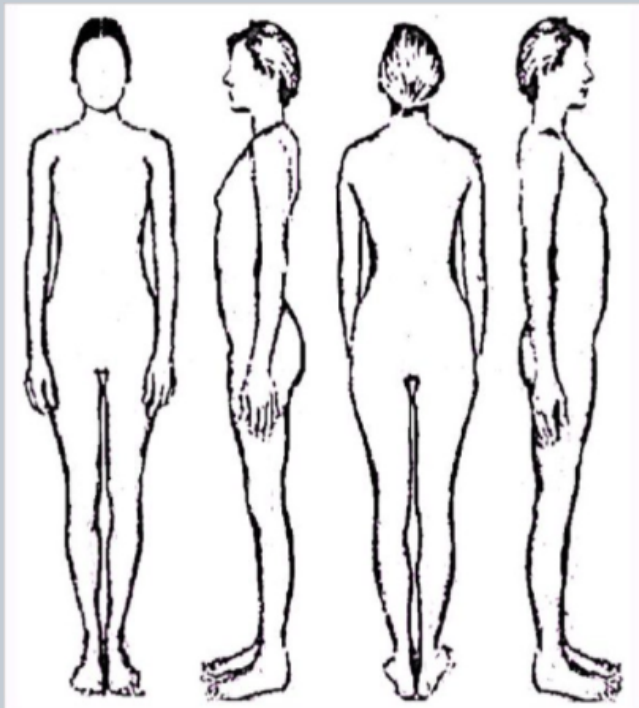
- 1. Do you have a tattoo(s)? (Pick one)  
If no, please go to the bottom of this questionnaire
- 2. If so, how many tattoos do you have? (Pick one)

Choose ▾

- Choose ▾
- Choose
- 1
- 2
- 3
- 4
- More than 4

- 3. Please circle the appropriate area of your body on the silhouettes below where the tattoos are located.

Clear Sketchpad



- 4. Please provide a brief description of your tattoo(s).

Any tattoos, or lack thereof, will be documented and verified upon arrival to the United States Military Academy on Reception Day (R-Day).

Submit



[Home](#) > [Overview](#) > [College Courses Form](#)

## Candidate College Courses USMA Class of 2026

Candidate ID Number: **C92922771**


Name: **DOE, JOHN**

Date: **February 7, 2022**

State: **NY**

Have you (or will you have) completed courses at a college prior to your enrollment at USMA?



 **West Point Admissions** - 606 Thayer Rd, Bldg 606, West Point, NY 10996

Phone: (845) 938-4041 - Fax: (845) 938-3021 ✉ [Admissions@westpoint.edu](mailto:Admissions@westpoint.edu)



# West Point Admissions CANDIDATES

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[Home](#) > [Overview](#) > College Courses Form

## Candidate College Courses USMA Class of 2026

**Candidate ID Number:** C92922771


**Name:** DOE, JOHN


**Date:** February 7, 2022

**State:** NY

Have you (or will you have) completed courses at a college prior to your enrollment at USMA?


 **West Point Admissions** - 606 Thayer Rd, Bldg 606, West Point, NY 10996

**Phone:** (845) 938-4041 - **Fax:** (845) 938-3021  [Admissions@westpoint.edu](mailto:Admissions@westpoint.edu)

# CERTIFICATE OF AUTHORIZATION

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0062, is estimated to average 3 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](mailto: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.

PRIVACY ACT STATEMENT AUTHORITY: Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. PRINCIPAL PURPOSE: Collection of data on Academy candidates for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admissions to the United States Military. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

## INSTRUCTIONS:

The instructions for completing the Certificate of Authorization should be followed closely to ensure accurate data collection, and to preclude over-collection of information.

Instructions for completing the Certificate of Authorization can be found in the Instructions for Applicants Offered Admissions booklet located on the candidate portal page.

I hereby appoint the United States Military Academy Cadet Accounting Services Office 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 interest.

The custodian shall have full authority to invest said funds and to use and/or expend said funds, or any part thereof, for any interest and dividends generated by the Cadet Personal Trust Fund may be used to pay the administrative cost 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 to, and duty as, a Cadet at the United States Military Academy unless sooner revoked.

---

**PRINT NAME (LAST, FIRST, MIDDLE [JR, II, ECT])**

---

**SOCIAL SECURITY NUMBER**

---

**DATE**

---

**SIGNATURE**

# STATEMENT OF CONSENT

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0702-0062, 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 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.

PRIVACY ACT STATEMENT AUTHORITY: Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. PRINCIPAL PURPOSE: Collection of data on Academy candidates for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admissions to the United States Military. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**INSTRUCTIONS:**

The instructions for completing the Statement of Consent should be followed closely to ensure accurate data collection, and to preclude over-collection of information.

Instructions for completing the Statement of Consent can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

I/We certify that \_\_\_\_\_ is not yet 18 years of age and has no other legal guardian than me/us. I/We have read the entire contents of USMA 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.

**Candidate's Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**OTHER PARENT/LEGAL GUARDIAN**



# USMA/USMAPS Immunizations Record



1. Return completed "United States Military Academy Immunization Form", MEDCOM Form 829 and a *copy of your original immunization records* to the appropriate clinic as listed below:
  - \*USMA - Mologne Cadet Health Clinic  
usarmy.westpoint.medcom-kach.mbx.chc@mail.mil -or- Fax (845) 938-5777
  - \*USMAPS (Prep School) - Keller Army Community Hospital Allgood Clinic  
usarmy.westpoint.medcom-kach.mbx.kach-imms-usmap@mail.mil -or- Fax (845) 938-0162
2. Please read the frequently asked questions prior to filling out forms. If you have a question that is not answered on Appendix A then please contact the appropriate clinic listed below:
  - \*USMA - Mologne Cadet Health Clinic (845) 938-3003
  - \*USMAPS (Prep School) - Keller Army Community Hospital Allgood Clinic (845) 938-4114
3. All listed immunizations or equivalent testing are required except where annotated as \*optional\*
4. Complete all required immunizations before sending packet for review.
5. DO NOT UPLOAD TO THE CANDIDATE PORTAL.
6. Please allow two weeks for processing. You will be contacted via email once your packet has been reviewed.
7. Many questions are geared toward the polio immunization. You will need an updated polio vaccination, within the last year. This is *IN ADDITION* to the childhood series that is routinely given in the United States. Please see the attached memo (last page of the packet). It is helpful for you to bring this memo with you when you go get your immunization, as some providers may question the need for this required polio vaccine.

## CONSENT FOR RELEASE OF ADDITIONAL INFORMATION

I, \_\_\_\_\_(Print name clearly) give my written consent for the nursing staff at Keller Army Community Hospital, West Point, NY (Mologne Cadet Health Clinic) to discuss my immunization records with a parent/guardian. This is optional, however, often facilitates completion of your immunization records if there are any questions.

Parent/Guardian Name:

Parent/Guardian Contact Number:

Candidate Signature:

Date:

# United States Military Academy Immunization Form

**\*Print Clearly. No Cursive\***

|               |             |               |
|---------------|-------------|---------------|
| Last Name:    | First Name: | MI:           |
| DOB:          | Gender:     | Age on R-Day: |
| Phone Number: | SSN:        |               |

Are you allergic to any foods, medications, or stinging insects? NO YES

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Do you have seasonal allergies? NO  YES

Has your physician prescribed an EpiPen for you? NO  YES

If yes, please carry your EpiPen with you on R-Day with a prescription label attached.

Have you ever received treatment for an anaphylactic reaction to foods, medications or stinging insects?

YES

If yes, please submit documentation of treatment. You may submit this in conjunction with your immunization record.

---

## **YOU ARE *REQUIRED* TO HAVE THE FOLLOWING VACCINES.**

**Please use this worksheet to be sure that you have the required vaccines, in addition to the official record from your physician.**

Hepatitis A—TWO DOSES (or proof of immunity) Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

Hepatitis B—THREE DOSES (or proof of immunity) Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

Dose #3: \_\_\_\_\_

**\*\*OR a combination of Hepatitis A and Hepatitis B (TWINR X)—THREE DOSES**

Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

Dose #3: \_\_\_\_\_

|            |             |     |
|------------|-------------|-----|
| Last Name: | First Name: | MI: |
|------------|-------------|-----|

Measles, Mumps and Rubella (MMR)—TWO DOSES (or proof of immunity)

Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

Tetanus-diphtheria-pertussis (TDAP)—ONE DOSE of \_\_\_\_\_  
 ighly recommend \_\_\_\_\_ 1 an updated TDAP booster  
 prior to arrival. Date: \_\_\_\_\_

Varicella (Chicken Pox)—TWO DOSES (or proof of immunity)

Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

Meningococcal—ONE DOSE of Menactra or Menveo after the age of 16 –and—within the last 5 years. Date: \_\_\_\_\_

Polio—**ADDITIONAL DOSE** AFTER THE COMPLETION OF THE CHILDHOOD SERIES, dose needs to be within the last 12 months. **THIS IS MANDATORY PER ARMY REGULATION 40-562.**

Date: \_\_\_\_\_

COVID VACCINE:

Pfizer  Moderna  --TWO DOSES.

Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

Johnson and Johnson—ONE DOSE

Date: \_\_\_\_\_

**THE FOLLOWING VACCINATIONS ARE *OPTIONAL*—NOT REQUIRED.**

HPV (Human Papillomavirus)—OPTIONAL. TWO or THREE DOSES DEPENDING UPON AGE THAT THE VACCINE WAS STARTED. AGE STARTED: \_\_\_\_\_

Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

If Required, Dose #3: \_\_\_\_\_

Meningitis B—OPTIONAL—TWO DOSES of Bexero or THREE DOSES of Trumenba.

Bexero  Trumenba

Dose #1: \_\_\_\_\_

Dose #2: \_\_\_\_\_

Dose #3: \_\_\_\_\_



|            |             |     |
|------------|-------------|-----|
| Last Name: | First Name: | MI: |
|------------|-------------|-----|

**TUBERCULOSIS SCREENING:**

MEDCOM 829 FORM (ATTACHED) – Complete this form if you are new to the military or if you have never had a TST (PPD) or IGRA blood test completed, or if you do not have the results of a previous TST (PPD) within the last 12 months or IGRA blood test. You must be able to submit results. History of receiving the BCG vaccine **DOES NOT** exempt you from testing (if indicated on the form).

**The Department of Defense requires that you receive treatment for Latent TB infection (LTBI).  
This will NOT affect your admission to the United States Military Academy.**

| TST = Tuberculin Skin Test; IGRA = Interferon-Gamma Release Assays |  |             |               |  |                                   |
|--|--|-------------|---------------|--|-----------------------------------|
|  |  | Date Placed | Date Read     | Result   | Signature of Staff Reading Result |
| Negative<br>Skin Test  | Last TST<br>(skin test)  |             |               | _____ mm<br><input type="checkbox"/> Positive<br><input type="checkbox"/> Negative |                                   |
|  | OR<br>T-Spot or<br>QuantiFERON TB Gold<br>blood test for<br>tuberculosis | Date Drawn  | Date Resulted | Interpretation   |                                   |
|  | Last IGRA<br>(blood Test)  |             |               |  |                                   |

## INITIAL ENTRY TUBERCULOSIS (TB) RISK ASSESSMENT TOOL

For use of this form see, MEDCOM Reg 40-64, the proponent agency is MCPO-SA

| <b>INITIAL ENTRY Tuberculosis (TB) Risk Assessment Tool</b>  |   | <b>REVIEWER INSTRUCTION</b>   |
|--|---|---|
| 1. Have you ever had face-to-face contact with someone who was sick with tuberculosis (TB)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |   |
| 2. Were you born outside the United States?<br>If yes, list country: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |   |
| 3. Did you ever live with a family member that was born outside the United States?<br>If yes, list country: _____                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |   |
| 4. Have you ever had a positive TB test, prior diagnosis of TB, or prior treatment for TB?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |   |
| <b>If "NO" answers = low risk → STOP.<br/>Any "YES" answers = increase risk → Go to question #5</b>  |   | <b>If all "NO" responses, Then do not test</b>  |
| 5. Do you have any of the following symptoms of tuberculosis?<br>Cough > 2 weeks, fever > 2 weeks, drenching night sweats, or unplanned weight loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |   |
| <b>If "YES" → STOP.<br/>Any "NO" → Go to question #6</b>   |   | <b>If "YES" then refer <u>immediately</u> to provider for evaluation of TB disease.</b>                                       |
| 6. Do you have documentation of previous TB treatment with you today?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b><u>STOP.</u></b> |   |
|  |   |   |
| <b>Reviewer comments</b>   |   | <b>If "YES" → Do NOT test.</b>  |
|  |   | Document exemption in MEDPROS   |
|  |   | <b>If "NO" → Test for TB.</b>   |
|  |   | Note: If "Yes" response only to Question 2 or 3 above, testing is only required if the country is Listed on the reverse side. |
| <b>PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last-first-middle; DOB; SSN; date; hospital or medical facility)</b>            | <b>REVIEWER NAME</b>  | <b>REVIEWER SIGNATURE</b>   |
| Name:  |   |   |
| DOB:   |   |   |
| SSN:   |   |   |
| Date:  |   |   |

**The following countries, if documented on the TB Risk Assessment Tool, indicate need for patient to be tested:**

|                          |                   |                          |                         |
|--------------------------|-------------------|--------------------------|-------------------------|
| Afghanistan              | Egypt             | Malaysia                 | Senegal                 |
| Algeria                  | El Salvador       | Maldives                 | Serbia                  |
| Angola                   | Equatorial Guinea | Mali                     | Serbia & Montenegro     |
| Anguilla                 | Eritrea           | Marshall Islands         | Seychelles              |
| Argentina                | Estonia           | Mauritania               | Sierra Leone            |
| Armenia                  | Ethiopia          | Mauritius                | Singapore               |
| Azerbaijan               | Fiji              | Micronesia – Fed States  | Solomon Islands         |
| Bahrain                  | French Polynesia  | Moldova                  | Somalia                 |
| Bangladesh               | Gabon             | Mongolia                 | South Africa            |
| Belarus                  | Gambia            | Montenegro               | Sri Lanka               |
| Belize                   | Georgia           | Montserrat               | Sudan                   |
| Benin                    | Ghana             | Morocco                  | Suriname                |
| Bhutan                   | Guam              | Mozambique               | Swaziland               |
| Bolivia                  | Guatemala         | Myanmar                  | Syrian Arab Republic    |
| Bosnia & Herzegovina     | Guinea            | N. Mariana Islands       | Tajikistan              |
| Botswana                 | Guinea – Bissau   | Namibia                  | Tanzania-UR             |
| Brazil                   | Guyana            | Nauru                    | Thailand                |
| British Virgin Islands   | Haiti             | Nepal                    | Timor-Leste             |
| Brunei Darussalam        | Honduras          | New Caledonia            | Togo                    |
| Bulgaria                 | India             | Nicaragua                | Tonga                   |
| Burkina Faso             | Indonesia         | Niger                    | Trinidad & Tobago       |
| Burundi                  | Iran              | Nigeria                  | Tunisia                 |
| Cambodia                 | Iraq              | Pakistan                 | Turkey                  |
| Cameroon                 | Japan             | Palau                    | Turkmenistan            |
| Cape Verde               | Kazakhstan        | Panama                   | Turks & Caicos Islands  |
| Central African Republic | Kenya             | Papua New Guinea         | Tuvalu                  |
| Chad                     | Kiribati          | Paraguay                 | Uganda                  |
| China                    | Korea – DR        | Peru                     | Ukraine                 |
| China, Hong Kong SAR     | Korea – Rep of    | Philippines              | Uruguay                 |
| China, Macao SAR         | Kuwait            | Poland                   | Uzbekistan              |
| Colombia                 | Kyrgyzstan        | Portugal                 | Vanuatu                 |
| Comoros                  | Lao PDR           | Qatar                    | Venezuela               |
| Congo                    | Latvia            | Romania                  | Viet Nam                |
| Congo – DR               | Lesotho           | Russian Federation       | Wallis & Futuna Islands |
| Cook Islands             | Liberia           | Rwanda                   | West Bank & Gaza Strip  |
| Cote d'Ivoire            | Libya             | St. Vincent & Grenadines | Yemen                   |
| Croatia                  | Lithuania         | Samoa                    | Zambia                  |
| Djibouti                 | Macedonia         | Sao Tome & Principe      | Zimbabwe                |
| Dominican Republic       | Madagascar        | Saudi Arabia             |                         |
| Ecuador                  | Malawi            |                          |                         |

# Memorandum for Record Regarding Polio



DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
900 WASHINGTON ROAD  
WEST POINT, NEW YORK 10996-1197

MCUD-PC-CHC

15 DEC 2021

## MEMORANDUM FOR RECORD

SUBJECT: Polio vaccination in new military recruits

1. Every Candidate is required to get a polio booster to fulfil the required immunizations for attendance at the United States Military Academy at West Point. This is in addition to the childhood series routinely given in the United States.
2. Army Regulation 40-562 states that all accessions, to include students at military academies, are to have a single booster dose of IPV because all military members are expected to be ready to deploy or travel to countries with poor sanitation, therefore putting them at an increased risk for contracting polio.
3. Point of contact for this memorandum is the undersigned at 845-938-3003.

Alicia Hughes, RN  
Registered Nurse  
Mologne Cadet Health Clinic

## VISION EXAM

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0062, 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 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](mailto: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.

PRIVACY ACT STATEMENT AUTHORITY: Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal AccQunts Relating to Individual Persons. PRINCIPAL PURPOSE: Collection of data on Academy candidates for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admissions to the United States Military. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Anny's compilation of systems of records notices also apply to this system.

### INSTRUCTIONS:

The instructions for completing the Vision Survey should be followed closely to ensure accurate data collection, and to preclude over-collection of information.

Instructions for completing the Vision Survey can be found below.

PART I. You must complete all items in this section, whether or not you wear eyeglasses or contact lenses.

PART II. Only needed if you require vision correction full time. Recommend your Optometrist or Eye Physician complete all items in this section so the West Point Eye Clinic can order two pairs of military glasses and one EyePro insert for you prior to your arrival.

### SPECIAL INSTRUCTIONS TO EYE DOCTOR

**Spectacle Prescription:** Even if your patient wears contact lenses full or part time, please complete the eyeglass prescription in MINUS cylinder form which provides the best full-time wear distance visual acuity.

**Frame size:** The frame to be provided at West Point will be a medium weight, black plastic frame. It is S-10 shape (10mm difference between vertical and horizontal lens dimensions.) If patient presently wears a frame of a different style, write in the actual or estimated plastic frame size. Be sure to include PD (Required). Standard base curves will be ordered unless otherwise specified.

THIS FORM SHOULD REACH USMA NOT LATER THAN THE THIRD FRIDAY IN MAY. LATE APPOINTEES: PLEASE MAIL AS SOON AS POSSIBLE.

**PART I**

- 1. Name of Candidate (Last, First): \_\_\_\_\_
- 2. Sex:    M        F
- 3. Are glasses or contact lenses required for clear or comfortable vision?            YES    NO

(If YES, you are urged to have PART II completed by your Optometrist, or complete information using most recent spectacle prescription.)

**PART II**

- 1. SSN: \_\_\_\_\_
- 2.

| Spectacle Prescription (In Minus Cylinder Form) |        |     |      |       |     |         |
|---|--------|-----|------|-------|-----|---------|
|   | SPHERE | CYL | AXIS | PRISM | ADD | DIST VA |
| OD  |        |     |      |       |     | 20/     |
| OS  |        |     |      |       |     | 20/     |

Recommended Frame Size:        XS (46)            S (48)            M (50)            L (52)            XL (54)

PD: \_\_\_\_\_

\*PD is required. If PD measurement is blank, please go to local Optometrist or Optical Center to receive this information.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# POLICE RECORD CHECK

OMB No. 0702-0060  
OMB Approval Expiration  
March 31, 2022

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The instructions for completing the Police Record Check should be followed closely to ensure accurate data collection, and to preclude over-collection of information. Instructions for completing the Police Record Check can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

## SECTION I-To be completed by applicant.

|   |  |   |  |  |               |  |
|---|--|---|--|--|---------------|--|
| <b>1. NAME OF APPLICANT (Last, First, Middle)</b>                           |  | <b>2. SEX</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   |  | <b>3. PLACE OF BIRTH</b><br>a. City      b. County      c. State |               |  |
| <b>4. DATE OF BIRTH</b>   |  | <b>5. RACE</b><br><input type="checkbox"/> a. Amer. Indian/Alaskan Native <input type="checkbox"/> d. Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> b. Asian <input type="checkbox"/> e. White<br><input type="checkbox"/> c. Black or African American |  |  | <b>6. SSN</b> |  |
| <b>7. ADDRESS</b><br>a. NUMBER & STREET/APT. NO.      b. CITY      c. STATE |  |   |  | <b>8. DATES AT THIS ADDRESS</b><br>a. FROM      b. TO            |               |  |

The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with federal law and regulations. Making a knowing and willing false statement on this USMA Form 5-521 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignments, security clearances, court martial and administrative proceedings, etc.

## 9. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

## SECTION II: (TO BE COMPLETED BY POLICE OR JUVENILE AGENCY)

The person described above, who claims to have resided at the address shown above, has applied to the United States Military Academy at West Point. Please furnish from your files the information relative to Section II below. A return envelope is provided for your convenience.

10. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?

- YES If Yes, what was the offense or charge, date, disposition and sentence? Explain below.  
 NO

11. IS THE APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND?       YES       NO

If yes, give details.

MAIL TO:

DIRECTOR OF ADMISSIONS  
UNITED STATES MILITARY ACADEMY  
OFFICIAL MAIL & DISTRIBUTION CENTER  
646 SWIFT ROAD  
WEST POINT, NY 10996-1905

THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.

12. DATE

13. TITLE

14. VERIFIED BY (Signature)