



AGENCY DISCLOSURE NOTICE

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:

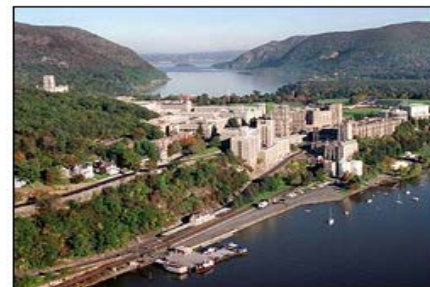
- [The ACT Test Help and FAQs](#)

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

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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
Instructions For Applicants Offered Admission
Forms For Applicants Offered Admission
Sample Oath of Allegiance
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. Go to your ADMISSIBLE PACKETS page
15T ADMISSIBLE (Feb 7, 2022)

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

ADMIT KEY
✖ Points of Contact - List your points of contact
✖ Personal Information - Your personal information
✖ Travel - Provide travel preferences
✖ Birth Certificate/Naturalization Papers not received • Upload these documents through "Upload Docs" • Submission of one or the other is REQUIRED BEFORE your Security Clearance/e-QIP can be processed. As such, uploading this documentation as soon as possible is essential to avoiding delays. For help: WP DPTMS at (845) 938-2717 or email
✖ Tattoo Form not received (required whether you have a tattoo or not) For help: ADMISSIONS/NE at (845) 938-5721 or email
✖ COVID-19 Vaccine/Test information not on file For help: ADMISSIONS/NE at (845) 938-5721 or email
--- Parental Consent (only required if you won't be 18 by July 1, 2022) For help: ADMISSIONS/NE at (845) 938-5721 or email
✖ Police Record Check not received For help: ADMISSIONS/NE at (845) 938-5721 or email
✖ Immunization Form not received For help: CADET HEALTH at (845) 938-3003 or email
✖ Dental Information (Will change to 'On File' when all dental requirements below are met.)
✖ Panorex not received For help: DENTAL CLINIC at (845) 938-3121 or email
✖ Bitewings not received For help: DENTAL CLINIC at (845) 938-3121 or email
✖ Dental Screening not received For help: DENTAL CLINIC at (845) 938-3121 or email
✖ Direct Deposit Authorization not received For help: MILITARY PAY at (845) 938-0901/6134 or email
✖ Vision Survey not received For help: OPTOMETRY at (845) 938-2021 or email
✖ SSN card not received For help: ADMISSIONS/NE at (845) 938-5721 or email
✖ Servicemembers' Group Life Insurance not completed For help: USCC S1- PLEASE BRING SIGNED COPY OF THIS ON RDAY. FOR QUESTIONS CALL: at (845)938-6688/3505 or email
✖ Form DD93: Record of Emergency Data not completed For help: USCC S1- PLEASE BRING SIGNED COPY OF THIS ON RDAY. FOR QUESTIONS CALL: at (845)938-6688/3505 or email
✖ Certificate of Authorization not received For help: CADET ACCOUNTING SERVICES OFFICE at (845) 938-4303 or email
✖ Computer Preference not received Link only available between April 15, 2021 thru June 22, 2021 For help: GOLDCOCKS at (845) 938-3265 or email
✖ Fingerprints not received For help: WP DPTMS at (845) 938-2717 or email
✖ Electronic Questionnaire for Investigations Processing (e-QIP) not received For help: WP DPTMS at (845) 938-2717 or email
✖ College Course Information has not been received For help: ADMISSIONS/NE at (845) 938-5721 or email

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.

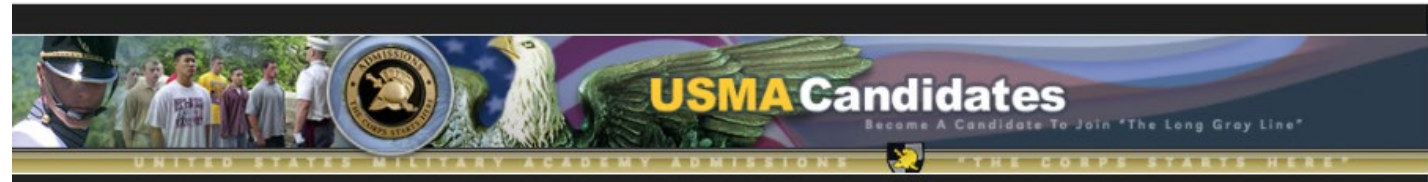
✔ On File
 ⚠ Pending
 ✖ Not On File
 [-] Not Applicable

CANDIDATE KEY
✖ Candidate Personal Data Record (CPDR) not on file
✔ Candidate Background Experience Form NOT on file
✔ Official ACT or SAT scores on file
✔ Request for Academic Information form received • Your HST contact is: 1LT KENNY PYLES (Updated Jan. 10, 2022) ✔
✖ Number of High School Transcripts (semesters) received: <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> 0 </div> > Required through Feb 15, 2022: 1-6 Semesters <i>Beginning Feb 16, 2022: 7th Semester Required Beginning May 31, 2022: 8th Semester Required</i>
Use this link to request additional transcript uploads: ✔ • Your additional HST contact is: 1LT KENNY PYLES (Updated Oct. 14, 2021) • Your last e-mail request for additional transcripts was sent Oct. 14, 2021 at 10:47 AM
✔ No college transcripts required
✖ Candidate Activities Record (CAR) not on file **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. • Your CAR contact is: MAJ KATHLEEN ROGERS (Updated Nov. 9, 2021) ✔
✖ Candidate Statements not on file
✖ Candidate Fitness Assessment (CFA) ...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. • CFA Administrators can be the following: 1. Physical Education Teachers 2. Military Academy Liaison Officers 3. Military Officers or Noncommissioned Officers 4. Professors of Military Science 5. Field Force Representatives 6. J/ROTC Instructors 7. Coaches and relatives may NOT administer your CFA • Enter your CFA form official >> ✔
<div style="border: 1px solid gray; padding: 5px;"> CFA EXAM INSTRUCTIONS 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. ✖ CFA Exam Instructions - Requirements, events and procedures. ✖ Instructional videos for specific events - examples of proper and improper technique; each opens in a new window/tab <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> Basketball Throw Pushups </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> Flexed Arm Hang Shuttle Run </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> Pullups Situps </div> </div>
Required CFA Videos: You are required to upload videos of your Pushup and Pullup/Flexed Arm Hang events only.
✖ CFA Pull-ups Video not on file
✖ CFA Pushups Video not on file
<div style="border: 1px solid gray; padding: 5px;"> CFA VIDEO INSTRUCTIONS • Watch this instructional video for other important requirements: ✖ CFA Video Instructions (Not available yet) - How to record and upload your video-required CFA event • Record a separate video for each event • HDV, MP4, HAV, ZGP or WHV format, up to 150mb in size. • If possible, set the record mode to low resolution or screen saving. • Go to "Upload Docs" and select the event name as the document type. </div>
--- Supplemental Information Sheet (College activities) For candidates who have attended college, provide a list of your college athletic participation and extracurricular activities
--- Employer's Evaluation of Candidate - USMA Form S-518

SCHOOL OFFICIAL EVALUATIONS
The following SOEs are required (for prior applicants as well): ENGLISH, MATH, PHYSICS/CHEMISTRY, PHYS ED
⚠ Evaluation pending: PHYS ED • This PHYS ED SOE official is: MR STEVE GILBERT • This contact was e-mailed your SOE request on December 23, 2021
✖ Evaluation not on file: (ENGLISH) • Enter information for your ENGLISH SOE official >> ✔
✖ Evaluation not on file: (MATH) • Enter information for your MATH SOE official >> ✔
✖ Evaluation not on file: (PHYSICS/CHEMISTRY) • Enter information for your PHYSICS/CHEMISTRY SOE official >> ✔

MEDICAL
Status (Date): BLOCKED (Jun 22, 2021)
More Info: Medical Qualification (PDF)

NOMINATIONS
You have no nominations on file for this class year



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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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	Point of Contact 1	Point of Contact 2
*Relationship:	--- SELECT ---	--- SELECT ---
*Title:	--- SELECT ---	--- SELECT ---
*First Name:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
*Last Name:	<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 ---
*Street Address 1:	<input type="text"/>	<input type="text"/>
Street Address 2:	<input type="text"/>	<input type="text"/>
*City:	<input type="text"/>	<input type="text"/>
*State:	--- SELECT ---	<input type="text"/>
*Zip:	<input type="text"/> - <input type="text"/>	<input type="text"/>
*Country:	United States	<input type="text"/>
*Phone Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
*Mail To:	<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"/> DO <input checked="" type="checkbox"/> DO NOT	authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.	
<input type="checkbox"/> DO <input checked="" type="checkbox"/> DO NOT	authorize the release of my academic grades, and academic performance for this POC only.	
<input type="checkbox"/> DO <input checked="" type="checkbox"/> DO NOT	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>Point of Contact 1</p> <p>*Relationship: --- SELECT ---</p> <p>*Title: AUNT</p> <p>*First Name: BROTHER</p> <p>Middle: BROTHER-IN-LAW</p> <p>*Last Name: CONGRESS MEMBER</p> <p>Name Suffix (i.e. Jr., III): DELEGATE IN CONGRESS</p> <p>Branch: FATHER</p> <p>Rank: FIANCE/FIANCEE</p> <p>Status: FOREIGN NOMINATION</p> <p>*Street Address 1: GRANDFATHER</p> <p>Street Address 2: GRANDMOTHER</p> <p>*City: GREAT GRANDFATHER</p> <p>*State: GUARDIAN (FEMALE)</p> <p>*Zip: GUARDIAN (MALE)</p> <p>*Country: HALFBROTHER</p> <p>*Phone Number: HALFSISTER</p> <p>Email Address: MOTHER</p> <p>*Mail To: OTHER</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information regarding administrative action initiated by me and of medical conditions or emergencies, and hospitalization.</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of my academic grades, and academic performance for this POC only.</p> <p><input type="radio"/> DO <input checked="" type="radio"/> DO NOT authorize the release of information concerning any adverse action against me for this POC only.</p> <p>Remarks: (limit 255 characters) </p>	<p>Point of Contact 2</p> <p>--- SELECT ---</p> <p>--- SELECT ---</p> <p></p> <p></p> <p></p> <p>--- SELECT ---</p> <p>--- SELECT ---</p> <p>--- SELECT ---</p>
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Point of Contact 1

Point of Contact 2

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***Title:** --- SELECT ---

***First Name:**

Middle:

***Last Name:**

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

Branch: --- SELECT ---

Rank: --- SELECT ---

Status: --- SELECT ---

***Street Address 1:**

Street Address 2:

***City:**

***State:** --- SELECT ---

***Zip:** -

***Country:** United States

***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.

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Remarks: (limit 255 characters)



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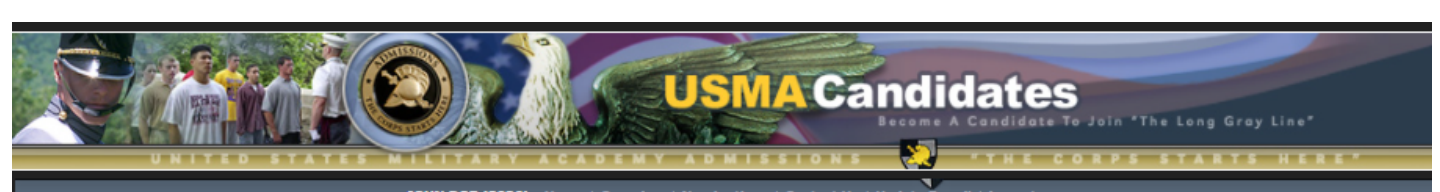


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Remarks: (limit 255 characters)	<input type="text"/>	





USMA Candidates

Become A Candidate To Join "The Long Gray Line"

UNITED STATES MILITARY ACADEMY ADMISSIONS "THE CORPS STARTS HERE"

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




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

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



	Point of Contact 1	Point of Contact 2
*Relationship:	--- SELECT ---	--- SELECT ---
*Title:	--- SELECT ---	--- SELECT ---
*First Name:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
*Last Name:	<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 --- --- SELECT --- ACTIVE INACTIVE RETIRED
*Street Address 1:	<input type="text"/>	
Street Address 2:	<input type="text"/>	
*City:	<input type="text"/>	
*State:	--- SELECT ---	
*Zip:	<input type="text"/> - <input type="text"/>	
*Country:	United States	
*Phone Number:	<input type="text"/>	
Email Address:	<input type="text"/>	
*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) <input type="text"/>	
I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT 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"/> DO NOT authorize the release of my academic grades, and academic performance for this POC only.		
I <input type="radio"/> DO <input checked="" type="radio"/> DO NOT 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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If you don't know your userid or password, contact you Regional Technician: [NE](#) **Northeast**, [SE](#) **Southeast**, [GL](#) **Great Lakes**, [SW](#) **Southwest**, [FW](#) **Far West**.

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

Point of Contact 1

Point of Contact 2

***Relationship:** --- SELECT ---

***Title:** --- SELECT ---

***First Name:**

Middle:

***Last Name:**

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

Branch: --- SELECT ---

Rank: --- SELECT ---

Status: --- SELECT ---

--- SELECT ---

--- SELECT ---

--- SELECT ---

--- SELECT ---

--- SELECT ---

***Street Address 1:**

Street Address 2:

***City:**

***State:** --- SELECT ---

***Zip:**

***Country:**

***Phone Number:**

Email Address:

***Mail To:**

I DO DO NOT authorize this nomination to be initiated by me and of medical consent for this POC only.

I DO DO NOT authorize this nomination to be initiated by me for this POC only.

I DO DO NOT authorize this nomination to be initiated by me for this POC only.

Remarks: (limit 255 characters)

- SELECT ---
- ALABAMA
- ALASKA
- AMERICAN SAMOA
- ARIZONA
- ARKANSAS
- ARMED FORCES AMERICAS, EXCEPT CANADA
- ARMED FORCES EUROPE, MIDDLE EAST, AND CANADA
- ARMED FORCES PACIFIC
- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- DISTRICT OF COLUMBIA
- FEDERATED STATES OF MICRONESIA
- FLORIDA
- FOREIGN NATIONAL
- GEORGIA
- GUAM
- HAWAII

Submit Cancel



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

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





UNITED STATES MILITARY ACADEMY ADMISSIONS "THE CORPS STARTS HERE"

JOHN DOE (2026): Home | Overview | Nominations | Contact Us | Update E-mail | Logout

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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	▼

Submit Cancel

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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

- 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

Blood Type: BLACK

Submit Cancel

UNKNOWN

WHITE



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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

Submit Cancel

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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:

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



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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

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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.

- 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)





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UNITED STATES MILITARY ACADEMY

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[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 ▾

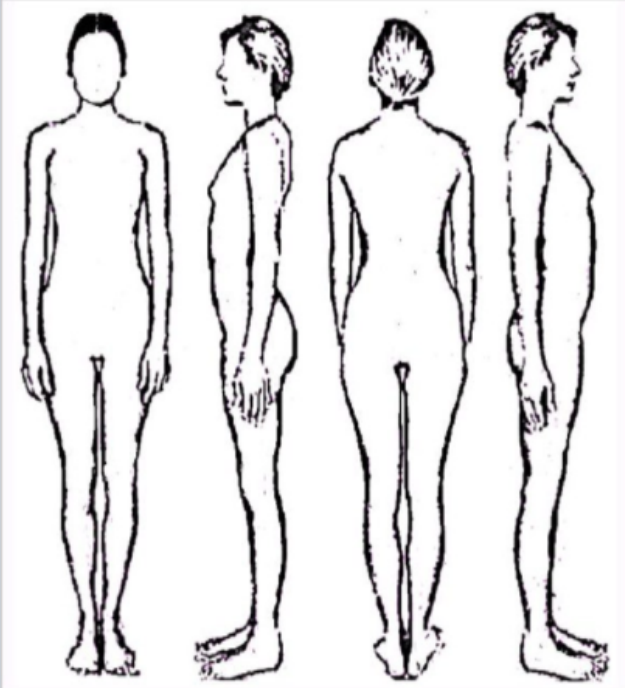
If no, please go to the bottom of this questionnaire

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

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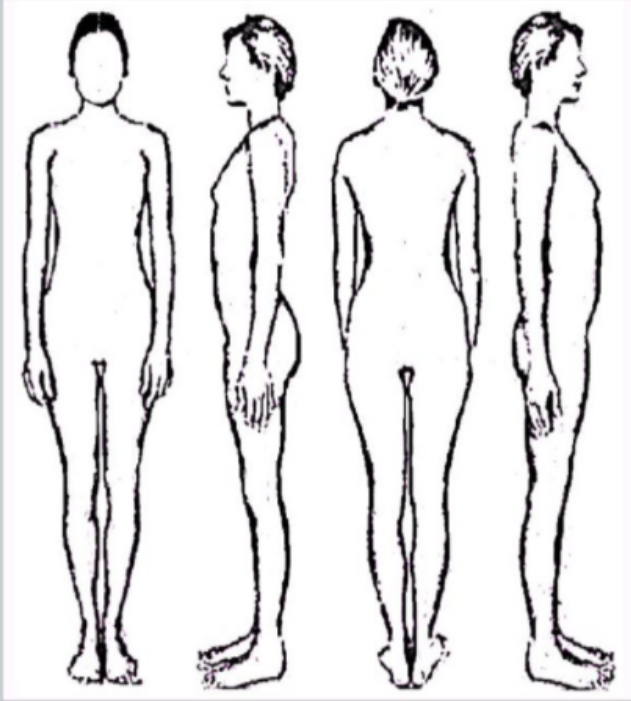
Candidate Name: JOHN DOE

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

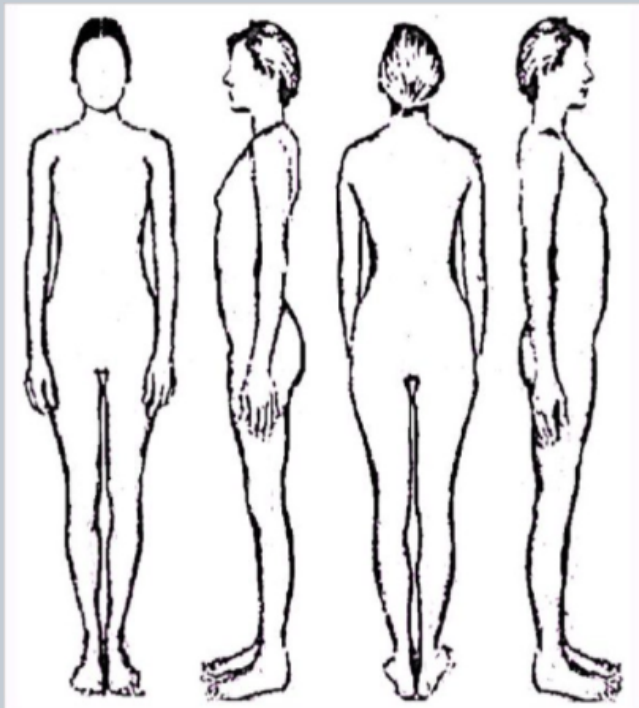
- 1. Do you have a tattoo(s)? (Pick one)
If no, please go to the bottom of this questionnaire
- 2. If so, how many tattoos do you have? (Pick one)

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?



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



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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

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. 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:
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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:
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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 Skin Test	Last TST (skin test)			_____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
	OR T-Spot or QuantiFERON TB Gold blood test for tuberculosis	Date Drawn	Date Resulted	Interpretation	
	Last IGRA (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

INITIAL ENTRY Tuberculosis (TB) Risk Assessment Tool		REVIEWER INSTRUCTION
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? 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? 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	
If "NO" answers = low risk → STOP. Any "YES" answers = increase risk → Go to question #5		If all "NO" responses, Then do not test
5. Do you have any of the following symptoms of tuberculosis? Cough > 2 weeks, fever > 2 weeks, drenching night sweats, or unplanned weight loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" → STOP. Any "NO" → Go to question #6		If "YES" then refer <u>immediately</u> to provider for evaluation of TB disease.
6. Do you have documentation of previous TB treatment with you today?	<input type="checkbox"/> Yes <input type="checkbox"/> No STOP.	
Reviewer comments		If "YES" → Do NOT test.
		Document exemption in MEDPROS
		If "NO" → Test for TB.
		Note: If "Yes" response only to Question 2 or 3 above, testing is only required if the country is Listed on the reverse side.
PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last-first-middle; DOB; SSN; date; hospital or medical facility)	REVIEWER NAME	REVIEWER SIGNATURE
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. 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 Army'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.

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