

# UNITED STATES NAVAL ACADEMY *Admissions*

## Request for Information Application

Click [here](#) for Application Instructions

We appreciate your interest in the U.S. Naval Academy. Please read the Application Instructions thoroughly and complete each section in the space provided.

If you have already submitted your contact information via telephone, contact card, or using this web page, please do not do so again. If you need to make changes to previously submitted information, please contact [USNA Admissions via email or call 1-888-249-7707](#).

**Last Name:**  (Required)

**Suffix:**

**First Name:**  (Required)

**Middle Name:**

**Citizenship:**  (Required)

**Gender:**  (Required)

**Birth Date:**  (Required, Unless Social Security Number is Entered)  
(DD-MON-YYYY, e.g. 02-FEB-1988)

**Social Security Number:**  (Required, Unless Birth Date is Entered)  
(No Dashes)

**Race:**  
(Check All that Apply)

**American Indian/Alaska Native:**

**Asian:**

**Black or African American:**

**Native Hawaiian or Other Pacific Islander:**

**White:**

**Decline to Respond:**

**Ethnicity:**

**Current Mailing Address:**  (Required)

**City:**

(Required, All Except APO/FPO)

APO/FPO:

(Required, Military Post Offices Only)

State:

(Required, State & U.S. Territories Only)

Country:

(Required, International Only)

Zip Code:

(Required, All Except International)

Zip Code Extension:

Postal Code:

(International Only)

Email Address:

(Required)

Area Code & Phone Number:

(Required)

Expected Year of High School

(Required)

Graduation:

(YYYY)

High School Name:

[Select From List](#)

Contact [USNA Admissions](#) if High School Name is not listed.

Are you interested in attending sports camp?:

(Required)

If Yes, please indicate which Sport:

[Select From List](#)

Click [here](#) to apply for a Sports Camp.

If you are on Active Duty in the U.S. Armed Forces, please indicate which Branch and Rank.

Branch of Service:

Rank:

Please indicate how you first learned about the United States Naval Academy:

(Required)

PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information could preclude appointment. RELEASE AUTHORIZATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law.

Select 'Submit' to submit completed application to the United States Naval Academy.

Select 'Print' to print a copy for your records.

Select 'Exit' to exit without saving.