

ARMY NATIONAL GUARD COLLEGE ENROLLMENT VERIFICATION FORM

OMB CONTROL NO: 0704-XXXX
EXP. DATE: XX/XX/XXXX

Section 1. General Information *(to be completed by student)*

Student Name *(Last, First, Middle)*:

School Name:

School Mailing Address:

Section 2. Certification by School Official *(to be completed by School Official)*

Student undergraduate status: Full-time or Part-time

First day of the current semester: (MM/Year) .

Last day of the current semester: (MM/Day/Year) .

There is reasonable assurance that the student (Senior Only) will graduate on: (MM/Day/Year) .

School Official Name *(Last, First, Middle)*:

Title:

Phone:

Email:

Signature:

Date *(MM/Day/Year)*:

Section 3. Consent *(To be completed by student)*

By signing this form, I authorize the school official(s) to release school transcripts as listed for the above named student. I also understand that a mandatory return date will not be established.

Student Signature:

Date:

RETURN THIS FORM TO THE RECRUITER UPON COMPLETION OF SECTIONS 1-3

Section 4. Authorization *(to be completed by Recruiter)*

Recruiter/Representative Name:

Signature:

Date:

PAPERWORK REDUCTION ACT (PRA) BURDEN STATEMENT

The public reporting burden for this collection of information, 0704-XXXX, 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 10 USC Section 503, Enlistments: recruiting campaigns; compilation of directory information. **PRINCIPAL PURPOSE(s):** The purpose(s) for which the information is to be used, is to verify applicant(s) who claim to be high school junior(s) or senior(s) and are in good standing to graduate. Used to verify the mandatory date of return to school, and establishes the date the school will resume in the next school calendar year. **ROUTINE USE(s):** None
DISCLOSURE: Voluntary, however, failure to disclose the information may delay entry into the split training program.