

(Highlighted information to be filled in by JCLC Staff during In/Out Processing.)

Last name, First, MI: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Let Level: \_\_\_\_\_

DOB: \_\_\_\_\_

**Unit of Assignment:**

Company: \_\_\_\_\_ Platoon: \_\_\_\_\_ Squad: \_\_\_\_\_

Cadre Institutional Representative: \_\_\_\_\_

**Person to be notified in case of emergency:**

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Let Level: \_\_\_\_\_

Date In-processed: \_\_\_\_\_

Date Out-processed: \_\_\_\_\_

Contract of Release and Waiver of Liability for JCLC on File: \_\_\_\_\_

Consent to Medical Treatment File: \_\_\_\_\_