

## OFFICER CANDIDATE PROFILE SUMMARY

### PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code 133, Executive Order 9397, November 22, 1943 (Social Security Number) and Title 10, United States Code, Section 3012

PRINCIPAL PURPOSE: Used by candidate to supply information necessary for student enrollment in the OCS Program

ROUTINE USE: Used by appropriate authority for administrative processing, provide points of contact in case of emergency and background information essential for student identification.

DISCLOSURE: Voluntary; however, failure to complete the form may result in candidate's rejection for further training.

NAME-Last		First		MI	AGE	
RANK	MOS	COMMISSIONING BRANCH	DOB	SSN		
COMPONENT <input type="checkbox"/> RA <input type="checkbox"/> USAR <input type="checkbox"/> ARNG <input type="checkbox"/> ENLISTED OPTION <input type="checkbox"/> STATE (ARNG ONLY)		RACE <input type="checkbox"/> CAUCASION <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  SWIM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WEAK: _____		PROFILES <input type="checkbox"/> YES <input type="checkbox"/> NO  FOR:  INJURY <input type="checkbox"/> INSECT <input type="checkbox"/> HOT <input type="checkbox"/> COLD
MARITAL STATUS <input type="checkbox"/> MARRIED  <input type="checkbox"/> DIVORCED  <input type="checkbox"/> SEPERATED  <input type="checkbox"/> SINGLE		SPOUSE'S NAME		ANNIVERSARY		
		SPOUSE'S DOB	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	DUE DATE		
		DEPENDENT'S NAMES		DOB		
HOME OF RECORD				PHONE		
			PLACE OF BIRTH			
NEXT OF KIN AND RELATIONSHIP				PHONE		
SPOUSE'S ADDRESS (IF DIFFERENT FROM HOR)				PHONE		

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**April 1996**

<b>OFFICER CANDIDATE PROFILE SUMMARY</b> (continued)		
RELIGION	SPECIAL NEEDS	
MILITARY EDUCATION AND SCHOOLS	CIVILIAN EDUCATION AND SCHOOLS	
	INSTITUTION	
	DEGREE	
	SUBJECT/DISCIPLINE	
SECURITY CLEARANCE ___ YES  ___ NO  TYPE:	AUTO ___ YES ___ NO	TYPE
	INSURED	COLOR
	LICENSE (STATE)	REGISTRATION #
PREVIOUS UNIT:	MILITARY SERVICE TIME	
POST/FORT:	ACTIVE _____ YRS _____ MOS	RESERVE _____ YRS _____ MOS
DISTINGUISHED RELATIVE(S) OF CANDIDATE A distinguished relative is an officer, active or retired, of grade O-6 (COL) or higher, an enlisted soldier of grade E-8 (MSG) or E-9 (SGM), a United States Representative or Senator, or a Federal Civil Service employee with the grade GS-16 or above. The relationship should be in the immediate family (parent, brother, sister, grandparent, aunt or uncle).		
RELATIVE	STATUS/POSITION	RELATIONSHIP

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