

CANDIDATE INFORMATION

EXAM ID

CANDIDATE LAST NAME

HEIGHT	FEET	INCHES	WEIGHT	EYE COLOR	HAIR COLOR
--------	------	--------	--------	-----------	------------

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT LAST NAME

EMERGENCY CONTACT FIRST NAME

EMERGENCY CONTACT DAY PHONE

EMERGENCY CONTACT EVENING PHONE

OFFSITE HOUSING LOCATION

Please complete if you are staying in offsite housing and not at the Academy

STREET ADDRESS

TELEPHONE NUMBER

CITY

CADET VEHICLE INFORMATION

Complete ONLY if vehicle is on grounds

VEHICLE PLATE NUMBER

VEHICLE MAKE

VEHICLE YEAR

VEHICLE COLOR