

NROTCU, THE OHIO STATE UNIVERSITY RECALL

Name	Branch	Rank
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College of	Academic Major	First Choice Designator
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Class <small>(Freshman, Sophomore, Junior, Senior, 5th Year Senior)</small>	Advisor	Status <small>(Scholarship/College Program/ STA-21/MECEP/DUINS/Staff)</small>	Motorcycle Rider/Owner
			Yes No

Date of Birth	Eyes	Hair	Blood Type
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Height	Weight	Date Entered NROTC	Estimated Grad Date
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Local Address	Local Phone	Email Address
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Home of Record Street	Home of Record City, State, Zip
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Name of Father	Street Address/City/State/Zip of Father	Father's Phone
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Name of Mother	Street Address/City/State/Zip of Mother	Mother's Phone
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Name of Spouse	Street Address/City/State/Zip of Spouse	Spouse's Phone
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I have verified the above information, and found it to be correct to the best of my knowledge. I understand it is MY RESPONSIBILITY to update this information IN THE ADMINISTRATIVE OFFICE, by the FIRST WEEK OF EACH SEMESTER or as information changes and AT THE END OF THE SCHOOL YEAR PRIOR TO LEAVING FOR SUMMER VACATION/CRUISE.

Signature Date

Signature Date

Signature Date

Signature Date