

**Instructions: 1. Please, fill-in this form and sign it; 2. FAX it to: 703 591-3555; or,
US Postal mail it to: ORDProgram c/o Asyncrob & Assoc. , Suite 522
3057 Nutley Street, Fairfax, VA 22931**

United States Air Force

Officer Recruiting Diversity Program (ORDP)

Parental Enrollment Consent Form

The purpose of this form is to obtain enrollment information and parental consent for student participation in the United States Air Force Officer Recruiting Diversity Program (ORDP). The information collected herein by ASYNCROB & Associates on behalf of the United States Air Force Officer Recruiting Diversity Program (hereafter collectively known as ORDP Administration) will remain confidential and used solely for purposes of administering and publicizing the ORDP program. ¹

I am the parent and/or legal guardian of _____ (first and last name of child), who will submit personal information of my child for participation in the ORDP. I give permission to share said information with the ORDP Administration for use in the ORDP only. I hereby grant the ORDP Administration permission to receive and to use:

_____ My address (strictly confidential for administration only) _____

_____ An original creation written/developed by my child

_____ A news story about my child

_____ My child's participation in online discussion

_____ Special recognition or news items about my child

The items above, except for the home address, may be used for publicity and recruitment purposes on ORDP's database web site. Therefore, by my signature below, I give permission to ORDP Administration to gather [] the materials checked above in its database web site, along with any combination of the following information about my child that may be personally identifiable check and complete the information that you would like to appear; ORDP Administration reserves the discretion to edit the combination of the information provided on this form prior to posting on its web site:

_____ My child's first name: _____

_____ My child's age: _____

_____ My child's city/state/country: _____

_____ My child's school or organization: _____

_____ My child's SAT, ACT, SOL scores: _____

In making my decision to give permission with this form, I have carefully reviewed the ORDP Privacy Statement.

Signature of parent/guardian

Printed name of parent

Date

Daytime phone number

¹ No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by , or with the prior written consent of, the individual to whom the records pertains (subject to 12 exceptions).5 U.S.C. Section 552a(b).