

Protected A (when completed)

Common CTC JI Form – Time-Off Authorization and Consent

Instructions:

Complete this form with as much detail as possible. This form must be completed by a parent or guardian. Please indicate where your cadet will be during their time off.

1. CADET IDENTIFICATION	
Cadet Name: _____	CIN: _____
Corps/Sqn: _____	Location: _____
Course: _____	CTC: _____
Phone Number: _____	

2. TIME OFF REQUEST DATES	
I request that this cadet be authorized for time off (off base) on the following dates. If more dates are requested, please attach an additional Time-Off Authorization and Consent Form :	
Departure Date: _____	Time: _____
Return Date: _____	Time: _____
Location of Time-Off: _____	

3. AUTHORIZED PERSONNEL IDENTIFICATION	
<i>Without prior arrangements, your cadet will not be released to anyone other than a parent, legal guardian, or people identified below. Government-issued Photo Identification is required when picking up a cadet. If you wish to authorize more people, please identify them on the reverse.</i>	
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____

4. DECLARATION	
_____	_____
Parent / Guardian (Signature)	Date

Parent / Guardian (Print Name)	

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