



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
RESERVE OFFICERS' TRAINING CORPS (ROTC)
CLARKSON UNIVERSITY
8 CLARKSON AVENUE, BOX 5875
POTSDAM, NEW YORK 13699-5875

ATCC-BBN-YCU

Date: _____

MEMORANDUM FOR Professor of Military Science

SUBJECT: Statement of Acknowledgement for Civilian Dental Records

_____ I have verified with my dentist that my dental records **do** contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes.

OR

_____ I have verified with my dentist that my dental records **do not** contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes and have scheduled an appointment.

*** My Appointment is scheduled for (Date)_____ (Time):_____**

Dentist Name: _____

Address: _____

Phone: _____

CADET NAME : _____

DATE: _____

(CADET SIGNATURE)