

CGA Scholar Consent to Disclosure of Personal Information

I understand that under the Privacy Act of 1974, personal information that is contained in my Coast Guard Academy and Prep School records may not be disclosed to third persons without my consent, unless authorized by law. Such personal information includes, but is not limited to, my academic performance, military performance, conduct offenses and any subsequent punishment, athletic and extracurricular activities, telephone numbers, permanent home address, date of birth, social security number, and medical information.

With such understanding, I authorize disclosure of my academic performance as follows (initial as appropriate):

_____ To my parents or guardians

_____ To the CGA Admissions Officer and those involved in the CGA Scholar Program

_____ To: _____

With such understanding, I authorize disclosure of information concerning my military performance and my conduct offenses and punishment awarded as follows (initial as appropriate):

_____ To my parents or guardians

_____ To the CGA Admissions Officer and those involved in the CGA Scholar Program

_____ To: _____

With such understanding, I authorize disclosure of my home address and home telephone number for use by requesting Service Academy Parents Associations and Alumni Associations, Veteran Associations or other service related organizations which sponsor social events for CGA Scholars and their families. In addition, I authorize disclosure of this personal information for use in CGA Picture Books, the Annual Report of the Superintendent, Yearbooks, and for use by the Coast Guard Academy Parents Association, Alumni Association, and for other Coast Guard Academy related activities. I authorize disclosure of medical information for use in executing the CGA Scholar Program administrative processes associated with accessions through discharge.

My consent herein is applicable only while I remain a CGA Scholar. I understand that I may withdraw my consent herein or change it at any time by contacting CGA Admissions and the Cadet Administration Branch.

CGA Scholar's Signature

Printed Name

Copy: TW-1

Return in white envelope NLT 01Jun2021 to:
Director of Admissions (CGAS), USCGA, 31 Mohegan Avenue, New London, CT 06320