



DEPARTMENT OF THE ARMY
RESERVE OFFICERS' TRAINING CORPS (ROTC)
WIDENER UNIVERSITY
ONE UNIVERSITY PLACE
CHESTER, PA 19013-5792

REPLY TO
ATTENTION OF
ATCC-BBP-AWU

Today's Date

MEMORANDUM FOR RECORD

SUBJECT: Basic Course Enrollment Information Regarding Disposition of Dental Records

1. In accordance with CC PAM 145-4, Chapter 2-23 b. enrolling Cadets must provide name, address, and phone number of his/her dentist and sign a statement acknowledging that his/her civilian dental records contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays.

a. Dentist Name: _____

b. Address: _____

c. Phone Number: _____

2. I, the undersigned, acknowledge my dental records contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays.

Cadet's Full Name & Signature