

**MEMORANDUM OF UNDERSTANDING**

I HEREBY AUTHORIZED THE COMMANDING OFFICER, NROTC ATLANTA REGION, TO PROVIDE SUCH INFORMATION FROM MY UNIVERSITY AND NAVAL RECORD (STUDENT FILE, ACADEMIC, AND MEDICAL), AS HE DEEMS NECESSARY AND APPROPRIATE, TO THE FOLLOWING PERSONNEL OR AGENCIES:

- A. MY PARENTS OR GUARDIAN
- B. AGENCIES OF THE DEPARTMENT OF DEFENSE

THAT THIS AUTHORIZATION CONSTITUTES AN EXCEPTION TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 AND IS LIMITED TO THE PERIOD OF TIME THAT I AM AFFILIATED WITH THE NAVAL RESERVE OFFICERS TRAINING CORPS.

SUCH INFORMATION AS I DESIRE RELEASED TO ANY PERSONS OR AGENCIES MUST BE ACCOMPANIED BY MY SPECIFIC AUTHORIZATION.

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(SIGNATURE)

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(DATE)