



DEPARTMENT OF THE ARMY
United States Army ROTC Battalion
University of Notre Dame
216 Pasquerilla Center
Notre Dame, IN 46556-5672

ATCC-GG-NND

MEMORANDUM FOR Commander, Army ROTC, 216 Pasquerilla Center, Notre Dame, IN 46556

SUBJECT: Verification of Civilian Dental Records for Identification

Initial one of the two following statements:

_____ I have verified with the dentist that my dental records **DO** contain descriptive profiles, bitewing x-rays, orthodontic profiles or dental x-rays for identification purposes (panoramic).

(If these records do not exist you will need to make an appointment)

_____ I have verified with my dentist that my dental records **DO NOT** contain descriptive profiles, bitewing x-rays, orthodontic profiles or dental x-rays for identification purposes (panoramic). I have scheduled an appointment.

I have scheduled an appointment for (date) _____

My dental records are located at:

DENTIST NAME: _____

Phone # _____

Address _____

(Cadet's Printed Name)

(Cadet's Signature)

(DATE)