



AIM Coordinator (td-1)
 U.S. Coast Guard Academy
 31 Mohegan Avenue
 New London, CT 06320
 860-444-8503 (phone)
 860-701-6700 (fax)
www.uscga.edu
aim@uscga.edu

Privacy Act Statement. In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the USCG.
 (1) Authority which authorizes the solicitation of the information: 14 USC 182. (2) The Principal Purpose for this information is to ensure that an accurate medical history is collected (and utilized) for all applicants during the USCGA AIM Program.
 (3) Routine uses which may be made of the information: As background on applicants for the selection process; to contact the applicant; to determine if there are existing USCG records on the individual; in performance of the duties of officials and employees of the USCG in managing the AIM Program and making AIM appointments. (4) Disclosure of the information is voluntary, but the applicant will not be considered further for the AIM Program if the information is not provided.

Student's Name: _____
 Last First M.I. AIM Session (1, 2, or 3)

AUTHORIZATION FOR IMAGE RELEASE

Your signature constitutes permission for photographic and/or video images to be taken of the AIM participant during their participation in the AIM Program. These images may be posted on official U.S. Coast Guard Academy websites or used in future U.S. Coast Guard, U.S. Coast Guard Academy, or AIM Program recruiting material(s). Furthermore, your authorization constitutes a waiver of privacy and any potential action associated with such issues.

I (we) agree that a photocopy of this original signed form shall have the same validity as said original.

DATE SIGNED: _____

 Signature of AIM Participant

 Signature of Parent/Guardian

 Printed Name of AIM Participant

 Printed Name of Parent/Guardian