



DEPARTMENT OF THE ARMY  
SEMINOLE BATTALION, SIXTH BRIGADE  
UNITED STATES ARMY CADET COMMAND  
FLORIDA STATE UNIVERSITY, 220 HARPE JOHNSON  
103 VARSITY WAY, BUILDING 121  
TALLAHASSEE, FLORIDA 32306-4271

MEMORANDUM for Florida State University Army ROTC

SUBJECT: Confirming Dentist and Dental Records

1. My dentist's name (or office), address and phone number is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST \_\_\_\_\_

Phone: \_\_\_\_\_

2. I confirm that my dental records contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes.

3. I understand that in order to participate in government-owned or government-contracted transportation, a dentist must have my dental records for identification purposes.

\_\_\_\_\_  
Cadet Signature

\_\_\_\_\_  
Cadet Name printed or typed