



Christopher S. Murphy United States Senator for Connecticut

ACADEMY NOMINATION ACKNOWLEDGEMENT FORM

By signing this service academy application acknowledgment form, I am acknowledging the following: I have read the application instructions and requirements. I acknowledge that I am responsible for the content of this application and that all information provided is true and correct. If I do not submit my online application and mail all of the necessary supporting documents prior to the deadline, I will not be given consideration for a nomination from Senator Murphy.

I am a legal and permanent resident of the State of Connecticut and a United States citizen. My parent or guardian is domiciled in the State of Connecticut. Domicile is defined as a person's fixed, permanent, and principal home for legal purposes.

I will be at least 17 but not yet 23 years of age on July 1, of the year I am admitted to the academy. I am neither married nor pregnant; and I have no obligation of child support.

Name (printed):

Home Street Address:

City, State, Zip:

Last 4 digits of your Social Security Number:

Signature: _____

Date: ____/____/____

The Honorable Christopher Murphy
United States Senator
120 Huyshope Avenue, Suite 401
Hartford, CT 06106
Attention: Academy Nomination Coordinator