

**REQUEST FOR CAP PHOTO IDENTIFICATION CARD**

 PHOTO  1" x 1"	NAME (Last, First, Middle Initial)		GRADE	CADET <input type="checkbox"/> SENIOR <input type="checkbox"/>
	CAPSN	UNIT NO.	DATE OF BIRTH day                      month                      year	
	COLOR HAIR	COLOR EYES	WEIGHT	HEIGHT
MEMBER'S ADDRESS (Number, Street, City, State, Zip Code)				
SIGNATURE OF MEMBER			DATE	