

**Office of the Commandant
Marion Military Institute
Marion, Alabama**

Subject: College Leave/Pass

To: Commandant of Cadets

Today's Date: _____

Student Number: _____

It is requested that the undersigned cadet be granted leave

Cadet Information (Please use Black or Blue Ink Only)			
Cadet:		Company:	
Barracks		Room Number:	
From (Date)		To (Date)	
From(Hours)		To (Hours)	
In case of an emergency , I will be traveling to following location:			
▲ List a Complete Address (Street, City, State, and ZIP) in the above space ▲			
▲ and at the following number: List a Cellular/Mobile/Home/Landline Phone Number in the above space ▲			
Restriction			Initials
I am not on any duty roster be it guard detail, honor guard or company duty officer			
I am in no way restricted to campus be it for disciplinary actions.			
Provide reason for request in space below: Use back for addition information as needed.			
Cadet Leadership Approval			
Leaders Name (Please Print)		Position	Initials
1.		Platoon Sergeant	
2.		1SG or Company Cdr	
Company TAC Officer:			
APPROVED _____ Initials		DISAPPROVED _____ Initials	
FOR USE OF THE ROTC DEPARTMENT ONLY (ONLY IF GOING TO DRILL)			
APPROVED _____ Initials		DISAPPROVED _____ Initials	
FOR USE OF THE ACADEMIC DEAN (CIO)			
APPROVED _____ Initials		DISAPPROVED _____ Initials	
FOR USE OF COMMANDANT'S OFFICE ONLY (All leaves must be signed by the Commandant IF ON A CLOSED WEEKEND)			
APPROVED _____ Initials		DISAPPROVED _____ Initials	

Comments: _____

Please write the time and date. Example (1335hrs 11/17/14)

Time Out/Date: _____

Time In/Date: _____