



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

Today's Date: _____

Subject: College Leave/Pass

To: Commandant of Cadets

It is requested that the undersigned cadet be granted leave

Cadet Information (Please use Black or Blue Ink Only)			
Cadet:		Company:	
Barracks		Room Number:	
Date: From		To	
Hours: From		To	
In case of an emergency , I can be reached at the following address			
↑ List a Complete Address (Street, City, State, and ZIP) in the above space ↑			
↑ Or 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, academic, or overdue fees.			
Reason for Request: Use space provided below			
Cadet Leadership Approval			
Leaders Name (Please Print)	Position	Initials	
1.	Squad Leader		
2.	Platoon Sergeant		
3.	First Sergeant		
4.	Company Commander		
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 DEANS OFFICE (If classes will be missed)			
APPROVED _____ Initials		DISAPPROVED _____ Initials	
FOR USE OF THE COMMANDANT'S OFFICE ONLY (ALL LEAVES MUST be signed by Commandant)			
APPROVED _____ Initials		DISAPPROVED _____ Initials	

Time Out: _____

Time In: _____