

Battle Staff NCO Course Class # (example; 001-22): _____

VTT Students ONLY - Location of attendance: _____

Resident Students ONLY - Battle Room: _____

Data Required by the Privacy Act of 1974

1. Authority. Title 10, USC 3012.

2. Principal Purpose. Initiate individual academic records and establish a composite class profile.

3. Routine Uses. Provide administrative information to instructors, staff, faculty, academic records, and proponents from higher headquarters.

4. Disclosure. Voluntary; however, failure to provide social security number and other information may result in a delay or error in processing the individual to student status.

Name	Last, First MI.					
Email Address						
Marital Status (check one)	Married_____	Single_____	Divorced_____	Separated_____	Widowed_____	
	Age:	Gender:	Cell Number:			
(Resident Course Only) Billet Bldg#:		Resident Course Only) RM# or Local Address:				
Component	Active Army_____ Army National Guard_____ Army Reserve_____ Other (specify USAF, USCG, USN, USMC, International country/service): _____					
Career Field	OPERATIONS DIVISION (OD)_____ Air Defense Artillery, Armor, Aviation, Field Artillery, Infantry, Special Operations Forces OPERATIONS SUPPORT DIVISION (OSD)_____ Military Intelligence/Language, Chemical, Engineer, Military Police, Public Affairs, Signal FORCE SUSTAINMENT DIVISION (FS)_____ Health Services, Ordnance, Quartermaster, Transportation, Soldier Support (AG, FI, JAG, CH, Retention, Army Band)					
	Rank:	Time in Grade:	Time In Service:	PMOS (i.e. 11Z):		
How many times have you been deployed?		To what locations have you been deployed?				
What is the highest level of civilian education you have completed?		GED _____	2 Years of College _____	Associates Degree _____		
		High School _____	3 Years of College _____	Bachelor Degree _____		
		1 Year of College _____	4 Years of College _____	Master Degree _____		

ANSWER THE FOLLOWING**YES NO**

I am currently serving in a 2S coded position.	<input type="checkbox"/>	<input type="checkbox"/>
I am projected on assignment to serve in a 2S coded position.	<input type="checkbox"/>	<input type="checkbox"/>
I am/have been an S-1 PAC Supervisor / PSNCO.	<input type="checkbox"/>	<input type="checkbox"/>
I am/have been an S-2 Intelligence Sergeant.	<input type="checkbox"/>	<input type="checkbox"/>
I am/have been an S-3 Operations Sergeant.	<input type="checkbox"/>	<input type="checkbox"/>
I am/have been an S-4 NCO.	<input type="checkbox"/>	<input type="checkbox"/>

Unit name and complete street address:	Unit, Post/State/APO/Zip Code:	
Unit Telephone Number:	Commercial:	DSN:
Walk on complete Home Address:		
FIRST LINE SUPERVISOR PHONE NUMBER: FIRST LINE SUPERVISOR NAME AND EMAIL ADDRESS: BN CSM NAME AND EMAIL ADDRESS: BN CSM PHONE NUMBER: BDE CSM NAME AND EMAIL ADDRESS: BDE CSM PHONE NUMBER:		
Emergency Contact Information		
Name:		
Relationship:	Commercial Telephone Number:	

The information I have provided on this form is, to the best of my knowledge, correct. Any errors are solely my responsibility as evidenced by my signature below.

(Signature and Date)