

STUDENT DATA CARD

STUDENT INFORMATION

Last Name:		First Name:		MI		Rank:	
SSN:		COMP:		Current MOS:		Email Address:	
Home Address:							
City:		State:		ZIP:		Cell Phone:	
Profile:		Heat Casualty:		Cold Weather Injury:			
Current Medicine:							
Medical Conditions:							
Drug Allergies:							
DOD ID #:							

UNIT INFORMATION

Unit:							
Unit Address:							
City:		State:		ZIP:			
Unit Phone:		Unit POC:					
Commander Contact #:		Commander E-mail Address:					

EMERGENCY CONTACT INFORMATION

Primary - Name:		Relationship:		Phone #:	
Alternate - Name:		Relationship:		Phone #:	

POV/RENTAL CAR INFORMATION

Make / Model:		Year:		State / License:	
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BILLETING INFORMATION

BLDG:		Room:		Main Telephone:	
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**THIS DATA CARD IS FOR OFFICIAL USE ONLY.
PROTECTION WILL BE GIVEN TO THIS INFORMATION IAW AR 340-17.**