PERSONNEL DATA SHEET

Note: Failure to print legibly will result in incorrect orders/certificates

LAST NAME _____ FIRST NAME _____ MI _____

SSN_____ DOD ID#_____ RANK_____

UNIT (CO, BN, BCT) _____UIC_____

DOB _____ CELL PHONE # _____

DUTY MOS _____ DUTY POSITION _____

PROFILE (circle YES or NO)

PRIOR COLD WEATHER INJURY (circle YES or NO) if yes date _____

PRIOR HOT WEATHER INJURY (circle YES or NO) if yes date _____

MILITARY E-MAIL _____

FIRST LINE SUPERVISOR or SPONSOR'S NAME_____

CELL PHONE # _____ WORK #_____

DO YOU HAVE ANY PROBLEMS THAT COULD PREVENT YOU FROM COMPLETING THIS COURSE (circle YES or NO) if yes please explain

_____

_____

_____

EMERGENCY CONTACT INFORMATION (name, address, and phone #)

_____

_____

IF YOU ARE TDY PLEASE LIST FULL ADDRESS TO INCLUDE ROOM AND PHONE NUMBER _____

_____

PRESCRIBING DIRECTIVE: AR 635-200 DATA REQUIRED BY THE PRIVACY ACT OF 1974
AUTHORITY TITLE 10, USA 301 (G) & TITLE 5, USA 301 FL 93-579, SEC A2 & EO 9397.
PRINCIPLE PURPOSE: PROVIDE 10TH MOUNAIN DIVISION MOUNTAIN TRAINING GROUP WITH INFORMATIONAL DATA UPON PERSONNEL ARRIVAL.
ROUTINE USES: PREREQUISITE COUNSELING SESSION AR 635-200. COMPLETED DURING THE INTIAL COUNCELING SESSION WHEN A SOLDIER REPORTS FOR DUTY. IT IS USED BY SUPERVISORS TO OBTAIN INFORMATION NECESSARY TO INSURE SOLDIER IS PROPERLY CARED FOR, MANAGED ETC. THE SSN IS USED FOR POSITIVE IDENTIFICATION PURPOSES ONLY.
DISCLOSURE IS VOLUNTARY. REFUSAL TO FURNISH DATA WILL NOT INITIATE ADVERSE PERSONNEL ACTIONS, BUT WILL HAMPER MOUNTAIN TRAINING GROUP IN PROVIDING SUPPORT, COUNSELING AND ASSISTANCE REQUIRED.