

## SCHOOL APPLICATION

For use of this form see FR Reg 350-1; the proponent agency is DPTMS

DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** 10 U.S.C., Section 3013

**Principal Purpose:** For personnel service support

**Routine Uses:** For personnel requesting to attend an official military school. Social Security Number is required to register individual in a course on the ATRRS database.

**Disclosure:** Disclosure of this information is voluntary. However, failure to provide the Social Security Number may result in an incomplete application, which will not be processed.

<b>1. From:</b>	POC Name/Title:	Unit:	E-Mail:
	Date:	Phone:	Signature
<b>2. Thru:</b>	POC Name/Title:	Unit:	E-Mail:
	Date:	Phone:	Signature
<b>3. Thru:</b>	POC Name/Title:	Unit:	E-Mail:
	Date:	Phone:	Signature
<b>4. Thru:</b>	POC Name/Title:	Unit:	E-Mail:
	Date:	Phone:	Signature

**5. To:** **MILITARY SCHOOLS, 8388 ARMISTEAD, FORT RILEY, KS 66442**

<b>6. Course Title:</b>	<b>7. Course Number:</b>	<b>8. Class #:</b>
<b>9. Class Dates:</b> From _____ To _____	<b>10. School (Location/Code):</b>	

<b>11. Alternate Dates Acceptable?</b>	<b>12. Alternate Location Acceptable?</b>	<b>13. Schedule for First Available?</b>	<b>14. Best Alternate Time Frame:</b>	<b>15. Individual is Not Available:</b>
From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____

16 (a) Rank/Grade	(b) Name (Last, First MI), E-mail	(c) FULL SSN - NO DASHES	(d) ETS Date	(e) Clearance	(f) BR/MOS	(g) AD/RES/GRD	(h) UIC	(i) Unit/Installation
			<input type="text"/>					
			<input type="text"/>					
			<input type="text"/>					
			<input type="text"/>					
			<input type="text"/>					
			<input type="text"/>					
			<input type="text"/>					
			<input type="text"/>					
			<input type="text"/>					

**17. Remarks:**  
(enter duty position for each person)