

TROOP SCHOOLS 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.

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

5. To: TROOP SCHOOLS, 8388 ARMISTEAD STREET, FORT RILEY, KS 66442

6. Course Title: _____	7. Course Number: _____	8. Class #: _____
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9. Class Dates: From: _____ To: _____	10. School (Location/Code): _____
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11. Alternate Dates Acceptable? <input type="checkbox"/>	12. Alternate Location Acceptable? <input type="checkbox"/>	13. Schedule for First Available? <input type="checkbox"/>	14. Best Alternate Time Frame: From: _____ To: _____	15. Individual is Not Available: From: _____ To: _____
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16 (a) Rank/Grade/ Pay Plan (CIV)	(b) Name (Last, First MI), E-mail	(c) Full SSN# (No Dashes)	(d) ETS Date	(e) Clearance	(f) BR/MOS Series (CIV)	(g) Active Duty/ USAR/ARNG	(h) UIC	(i) Military: Unit/Installation Civilian: Work Address

17. Remarks:
(enter duty position for each student and military branch if from a sister service)