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.

1. From: POC Name/Title: NAME OF STUDENT AND TITLE | Unit: DIRECTORATE | E-Mail: STUDENT'S EMAIL ADDRESS
Date: | Phone: WORK PHONE | > ELECTRONIC SIGNATURE Signature

2. Thru: POC Name/Title: SUPERVISOR AND TITLE | Unit: DIRECTORATE | E-Mail: SUPERVISOR'S EMAIL ADDRESS
Date: | Phone: SUPV PHONE | >ELECTRONIC SIGNATURE Signature

3. Thru: POC Name/Title: ADDITIONAL APPROVAL IF REQUIRED BY DIRECTORATE | Unit: | E-Mail:
Date: | Phone: | Signature

4. Thru: POC Name/Title: | Unit: | E-Mail:
Date: | Phone: | Signature

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

6. Course Title: COURSE NAME FROM DVSU CALENDAR	**7. Course Number:** LEAVE BLANK	**8. Class #:** LEAVE BLANK
9. Class Dates: From YYYYMMDD To YYYYMMDD	**10. School *(Location/Code):*** DANGER'S VOICE SIGNAL UNIVERSITY BLDG 509 SCH CODE: 028R	

11. Alternate Dates Acceptable?	**12. Alternate Location Acceptable?**	**13. Schedule for First Available?**	**14. Best Alternate Time Frame:** From YYYYMMDD To YYYYMMDD	**15. Individual is Not Available:** From YYYYMMDD To YYYYMMDD

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
RANK	STUDENT NAME AND EMAIL	SSN	YYYYMMDD		SERIES			DIRECTORATE, FORT RILEY, KS
			YYYYMMDD					
			YYYYMMDD					
			YYYYMMDD					
			YYYYMMDD					
			YYYYMMDD					
			YYYYMMDD					
			YYYYMMDD					

17. Remarks: (enter duty position for each person)
Q 11: IF NO OTHER DATE WILL WORK, MARK "NO"
Q13: IF DESIRED DATE IS NOT FIRST AVAILABLE, MARK "NO"
Q 14: PROVIDE AN ALTERNATE COURSE DATE
Q 15: PROVIDE DATES WHEN EMPLOYEE CANNOT TRAIN

Q 16 A-I: REQUIRED

EMAIL FORM TO : usarmy.riley.1-id.mbx.military-schools-and-troop-school@mail.mil

FR FORM 28, Jan 2015