

## 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.

<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:** TROOP SCHOOLS, 8388 ARMISTEAD STREET, FORT RILEY, KS 66442

<b>6. Course Title:</b> _____	<b>7. Course Number:</b> _____	<b>8. Class #:</b> _____
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<b>9. Class Dates:</b> From: _____ To: _____	<b>10. School (Location/Code):</b> _____
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<b>11. Alternate Dates Acceptable?</b> <input type="checkbox"/>	<b>12. Alternate Location Acceptable?</b> <input type="checkbox"/>	<b>13. Schedule for First Available?</b> <input type="checkbox"/>	<b>14. Best Alternate Time Frame:</b> From: _____ To: _____	<b>15. Individual is Not Available:</b> 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)