

# MLCDL Student Data Sheet v5

## STUDENT INFORMATION (All Information is Required)

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Rank / Pay Grade</b>	<b>Date of Rank</b>	<b>MOS</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Component (AD / USAR / ARNG)</b>	<b>Verify your .mil email account</b>	<b>DOD ID #</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Work Contact Phone #</b>	<b>Alternate Contact Phone #</b>	<b>Alternate Email (If Needed)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current Mailing Address (Where Your graduation Packet will be sent)</b>		
<b>City</b>	<b>State, ZIP</b>	
<input type="text"/>	<input type="text"/>	

## BATTALION or next HIGHER UNIT INFORMATION

<b>Unit</b>	<b>Street Address</b>	<b>City</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>State, Zip</b>	<b>Unit Contact Phone #</b>
	<input type="text"/>	<input type="text"/>

### BATTALION CSM

### BATTALION COMMANDER

### STATE OR REGIONAL CSM (ARNG/USAR) Brigade CSM (AD)

<b>Last Name</b>	<b>Last Name</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<b>First Name</b>	<b>First Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Middle Initial</b>	<b>Middle Initial</b>	<b>Middle Initial</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Duty Title</b>	<b>Duty Title</b>	<b>Duty Title</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Contact Phone #</b>	<b>Contact Phone #</b>	<b>Contact Phone #</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Enterprise Email</b>	<b>Enterprise Email</b>	<b>Enterprise Email</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If you do not fall under a battalion, then put the next higher unit's chain of command or your rating chain information.

### Rater Name, Last, First

### Senior Rater Name, Last, First

<input type="text"/>	<input type="text"/>
<b>Rater Contact Phone #</b>	<b>Senior Rater Contact Phone #</b>
<input type="text"/>	<input type="text"/>
<b>Rater Enterprise Email</b>	<b>Senior Rater Enterprise Email</b>
<input type="text"/>	<input type="text"/>