

BattleStaffNCO Course Class# (BSNCOC Facilitator use ONLY): _____

VTTStudents ONLY- Location of attendance (BSNCOC Facilitator use ONLY): _____

ResidentStudents ONLY- Battle Room (BSNCOC Facilitator use ONLY): _____

Data Required by the Privacy Act of 1974

1. **Authority.** Title 10, USC 3012.
2. **Principal Purpose.** Initiate individual academic records and establish a composite class profile.
3. **Routine Uses.** Provide administrative information to instructors, staff, faculty, academic records, and proponents from higher headquarters.
4. **Disclosure.** Voluntary; however, failure to provide social security number and other information may result in a delay or error in processing the individual to student status.

Name	Last, First MI.				
DODID (required)					
Email Address					
Marital Status (check one)	Married _____ Single _____ Divorced _____ Separated _____ Widowed _____				
	Age:	Gender:	Cell Number:		
(Resident Course Only) Billet Bldg#:		Resident Course Only) RM# or Local Address:			
Component	Active Army _____ Army National Guard _____ Army Reserve _____ Other (specify USAF, USCG, USN, USMC, International country/service): _____				
Career Field	OPERATIONS DIVISION (OD) _____ Air Defense Artillery, Armor, Aviation, Field Artillery, Infantry, Special Operations Forces OPERATIONS SUPPORT DIVISION (OSD) _____ Military Intelligence/Language, Chemical, Engineer, Military Police, Public Affairs, Signal FORCE SUSTAINMENT DIVISION (FS) _____ Health Services, Ordnance, Quartermaster, Transportation, Soldier Support (AG, FI, JAG, CH, Retention, Army Band)				
	Rank:	Time in Grade:	Time In Service:	PMOS (i.e. 11Z):	
How many times have you been deployed?		To what locations have you been deployed?			
What is the highest level of civilian education you have completed?		GED _____ 2 Years of College _____ Associates Degree _____ High School _____ 3 Years of College _____ Bachelor Degree _____ 1 Year of College _____ 4 Years of College _____ Master Degree _____			

ANSWER THE FOLLOWING**YES****NO**

I am currently serving in a 2S coded position.		
I am projected on assignment to serve in a 2S coded position.		
I am/have been an S-1 PAC Supervisor / PSNCO.		
I am/have been an S-2 Intelligence Sergeant.		
I am/have been an S-3 Operations Sergeant.		
I am/have been an S-4 NCO.		

Unit name and complete street address:		Unit, Post/State/APO/Zip Code:	
Unit Telephone Number:	Commercial:	DSN:	
Walk on complete Home Address:			
FIRST LINE SUPERVISOR PHONE NUMBER:			
FIRST LINE SUPERVISOR NAME AND EMAIL ADDRESS:			
BN CSM NAME AND EMAIL ADDRESS:			
BN CSM PHONE NUMBER:			
BDE CSM NAME AND EMAIL ADDRESS:			
BDE CSM PHONE NUMBER:			
Emergency Contact Information			
Name:			
Relationship:		Commercial Telephone Number:	

The information I have provided on this form is, to the best of my knowledge, correct. Any errors are solely my responsibility as evidenced by my signature below.

(Signature and Date)