

LC #: \_\_\_\_\_

ROSTER #: \_\_\_\_\_

**BLC INPROCESSING FORM****3/166<sup>th</sup> REGT (NCOA)**

Barracks Room #: \_\_\_\_\_

**COMPONENT:****RA****PEC**

Provide:

1610

☐**ARNG**

Orders (1610 if AGR)

☐**USAR**

Orders (1610 if AGR)

☐**SOLDIER INFORMATION**

RANK:	SPC / CPL / SGT	NAME	(LAST, FIRST MI)						
DODID:		MOS:		AGE:		DOB:		GENDER:	
Telephone Number:			EMAIL:						
VEHICLE MAKE/MODEL:					LICENSE PLATE #:				
EMERGENCY CONTACT:		NAME:			PHONE:				
ADDRESS:									
(STREET)		(CITY)		(STATE)		(ZIP)			
<b>UNIT INFORMATION</b>									
NAME:						UIC:			
ADDRESS:									
(STREET)		(CITY)		(STATE)		(ZIP)			
POINT OF CONTACT:		RANK & NAME:							
<b>DO NOT LEAVE BLANK</b>		PHONE:		EMAIL:					

**INPROCESSING QUESTIONNAIRE**

Did you complete SSD 1 / DLC 1? (Show to SGL)	YES	NO
Do you have a Government Travel Card (GTCC)? (Show to SGL)	YES	NO
Did you arrive at BLC via a flight/chartered bus? (Provide Itinerary)	YES	NO
Do you have a profile? (Provide to SGL)	YES	NO
Do you have any special/religious dietary needs/restrictions? (Complete form)	YES	NO
Are you within 12-months post-partum? (Female only)	YES	NO
Have you completed Cyber Awareness within 12 months prior to graduation date?	YES	NO

**NOTE: Provide documents to SGL in order to verify responses, if necessary.**

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SGL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Privacy Act Statement**

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