

STUDENT PILOT PERSONNEL DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8012, Secretary of the Air Force; powers and duties; delegation by; implemented by AETCI 36-2205, Formal Aircrew Training Administration and Management. PURPOSE: Provides personal background information needed for administrative and social purposes during undergraduate pilot training (UPT). ROUTINE USES: As indicated in system notice F051 AETC C. Furnishing the information is voluntary. Failure to provide requested information could cause inaccuracies in the individual's records.

I. BACKGROUND DATA				
NAME (Last, First, Middle Initial)			GRADE	SSN (Include FR, FV, or FG)
DATE OF BIRTH (YYYYMMDD)	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		NO OF CHILDREN	DATE OF RANK
DATE OF COMMISSION				
TOTAL MIL SVC	BRANCH OF SVC	PREVIOUS FLYING TIME	TYPE ACFT INVOLVED	HOME OF RECORD
NAME OF SPOUSE (Last, First, Middle Initial)				
NAME OF COLLEGE OR ACADEMY ATTENDED			COLLEGE MAJOR/MINOR	DEGREE/YEAR
SOURCE OF COMMISSION				
<input type="checkbox"/> USAFA	<input type="checkbox"/> SCHOLARSHIP	<input type="checkbox"/> ROTC	<input type="checkbox"/> AFRES	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> OTS	<input type="checkbox"/> NONSCHOLARSHIP	<input type="checkbox"/> ANG	<input type="checkbox"/> INTERNATIONAL	
HOBBIES/SPORTS				
PREVIOUS JOB EXPERIENCE				
II. AIR NATIONAL GUARD/AF RESERVE/INTERNATIONAL STUDENTS				
UNIT		TYPE AIRCRAFT	FOREIGN COUNTRY (If applicable)	
III. TRAINING DATA (COMPLETED BY CLASS COMMANDER)				
	DATE	REASON		
ENTERED TRAINING CLASS				
HELD OVER TO CLASS				
HELD OVER TO CLASS				
ELIMINATED FROM CLASS				
GRADUATED FROM CLASS				
IV. PARENT/GUARDIAN INFORMATION				
NAME OF FATHER (First, Middle Initial, Last) AND TITLE (If any)			<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; padding: 5px;"> (Attach Photo) (2" x 2 1/2") </div>	
GRADE (Include retired military, civil service GS-12 or above, or equivalent)				
ADDRESS (Street, PO Box)				
CITY, STATE, ZIP CODE				
NAME OF MOTHER (First, Middle Initial, Last) AND TITLE (If any)				
GRADE (Include retired military, civil service GS-12 or above, or equivalent)				
ADDRESS (Street, PO Box)				
CITY, STATE, ZIP CODE				

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