

BACKGROUND DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; powers and duties; delegation by.

PRINCIPAL PURPOSE(S): Used to obtain necessary data on each student upon entering ABR and AQR courses taught at the 882 TRG. This data will enable course personnel to anticipate and provide student academic needs based upon previous training and experience.

ROUTING USES: Form is used to determine that each student meets the minimum prerequisites for the course as outlined in Education and Training Announcements (ETCA). It also serves to provide information for the teaching staff to conduct academic counseling and offer student individual assistance. Information is required to make statistical studies of student population.

DISCLOSURE: Disclosure of information is VOLUNTARY.

NAME (Print - Last, First, Middle Initial)	DOB (YYYYMMDD)	SSN
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SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	Status Married <input type="checkbox"/> Single <input type="checkbox"/>	ACCOMPANIED BY DEPENDENTS YES <input type="checkbox"/> NO <input type="checkbox"/>
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SQUADRON	COURSE TITLE/NUMBER	CLASS NUMBER
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HOME ADDRESS (Street, City, State and ZIP Code)	LOCAL ADDRESS/PHONE NUMBER
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CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> Regular AF	<input type="checkbox"/> Reserve	<input type="checkbox"/> Prior AFSC*
<input type="checkbox"/> Army	<input type="checkbox"/> AF/Retrainee	<input type="checkbox"/> Six Year Enlistee
<input type="checkbox"/> Navy	<input type="checkbox"/> Other*	<input type="checkbox"/> Have POV at SAFB
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Volunteered for this Course	<input type="checkbox"/> Fear of Blood*
<input type="checkbox"/> ANG	<input type="checkbox"/> Guaranteed Enlistee	<input type="checkbox"/> Color Blind

***Please explain in "Previous Job Experience" block below.**

HIGH SCHOOL (Year Completed)	OVERALL HIGH SCHOOL PROGRAM <input type="checkbox"/> Gen <input type="checkbox"/> Voc <input type="checkbox"/> College Prep <input type="checkbox"/> GED	CHECK HIGHEST LEVEL OF EDUCATION 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/>
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NAME, CITY/STATE OF COLLEGE ATTENDED	MAJOR	HRS COMPLETED	DEGREE TITLE	DATE OF ENLISTMENT	DATE OF SEPARATION
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How many credits of each subject listed below have you completed since the 9th grade? (1 Credit = 1 Year; 1/2 Credit = 1/2 Year)

SUBJECT	HIGH SCHOOL CREDITS	COLLEGE CREDITS	SUBJECT	HIGH SCHOOL CREDITS	COLLEGE CREDITS
Algebra			Anatomy and Physiology		
Geometry			English		
Trigonometry			Bookkeeping/Accounting		
Calculus			Electric Shop		
Other Math			Auto Shop		
Psychology			Typing		
Sociology			Home Economics		
Biological Science			Foreign Language		
General Science			Literature		
Physical Science			Speech/Debate		
Other Science			Others		
Chemistry					

PREVIOUS JOB EXPERIENCE (Indicate number of months. Include past military bases, except Lackland BMT, and hospital related experience.) (If you are not a guaranteed enlistee, briefly describe your feelings about being selected for your career field.) (May be continued on reverse of form)

I certify that the above is true and correct to the best of my knowledge.

DATE	SIGNATURE
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