

CORRECTED OR LATEST ENROLLMENT DATA

Items marked with "w" MUST be filled in. Request cannot be processed or responded to if these items are not completed.

| | | | |
|-------------------------------------|-----------------|-----------------------|---------------------|
| 1. THIS REQUEST CONCERNS COURSE NO. | 2. TODAY'S DATE | 3. ENROLLMENT DATE | 4. DSB PHONE NUMBER |
| w 5. SOCIAL SECURITY NUMBER (SSN) | 6. GRADE / RANK | w 7. NAME (Last name) | First Name MI |

w 8. ADDRESS NOTE:
 DJT Enrollees - Enter address of unit training office with zip code.
 ALL OTHERS - Enter current mailing address with zip code.

w TYPE ADDRESS - REQUIRED BY USPS

NAME _____
 STREET / UNIT TRAINING OFFICE _____
 CITY / BASE, STATE, ZIP CODE _____

FOR AFIADL USE ONLY

8. I-MAR ADDRESS AND FAX NUMBER

10. TEST CONTROL OFFICE ZIP CODE / SWRED

11. REQUEST FOR MATERIALS, RECORDS, OR SERVICE

Place an "X" through number in box to left of service requested.

- 1 Request address change as indicated in item 8 above. See Note 1.
- 2 Request Test Control Office change as indicated in Item 10 above. See Note 1.
- 3 Extend course completion date. (Justify in "Remarks" on reverse.) See Note 1.
- 4 Request enrollment cancellation. Confirmation required. See Note 1.
- 5 Send course exam. Automatic request on _____ (date). Answer sheet request on _____ (date). See Note 1.
- 6 Request name change / correction to that as shown in Item 7 above. (Provide old or incorrect data here.) _____
- 7 Send course materials. (Specify in "Remarks" on reverse.) Not received Lost Damaged
- 8 Correct SSN (List incorrect SSN here.) _____ (Correct SSN should be shown in Item 5 above.)
- 9 Request Grade / Rank change / correction.
- 10 CE results not received. Answer sheet submitted to AFIADL on _____ (date).
- 11 Give instructional assistance as requested on reverse.
- 12 Other (Explain fully in "Remarks" on reverse.)

NOTE 1. Submit this form for automatic transmittal to AFIADL if capability is available.

OJT STUDENTS must have their OJT Administrator certify this record.

ALL OTHER STUDENTS may certify their own requests

I certify that the information on this form is accurate and that THIS REQUEST CANNOT BE ANSWERED AT THIS STATION.

SIGNATURE _____