

**ARMY SUBSTANCE ABUSE PROGRAM (ASAP)
UNIT PREVENTION LEADER (UPL)
CLASS REGISTRATION FORM**

PRIVACY ACT STATEMENT

This form is affected by the Privacy Act of 1974
See Privacy Act Statement on page 2 before completing this form

For information contact the ASAP Office at 396-4100

Email: braggasap@us.army.mil

Last Name: _____ First Name: _____ Rank: _____ *(Must be E-5 or above)*

Social Security Number: _____ - _____ - _____

Unit Name: _____

Unit UIC: _____

Commander's Name: _____

Commander's Phone: _____

Requested Class Date: _____

***STUDENTS ARE REQUIRED TO BRING THE FOLLOWING ITEMS WITH THEM TO CLASS:**

Appointment Orders signed by the unit commander
Completed background check (obtain through the PMO)

PRIVACY ACT STATEMENT

(This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting the personal data and the uses thereof are given below.)

1. **AUTHORITY:** TITLE 5 U.S.C. SECTION 552A(e)(1)
2. **PRINCIPLE PURPOSE (S):** The purpose of this form is to request the information necessary to preregister for the Fort Bragg Army Substance Abuse Programs' Unit Prevention Leadership Course.
3. **ROUTINE USES:** Information provided on this form will be used by the Fort Bragg Army Substance Abuse Program employees to determine if a person is eligible to serve as a Unit Prevention Leader. The information in this form is also used in a background investigation of the individual to determine their eligibility as a Unit Prevention Leader.
4. **DISCLOSURE:** Voluntary, however, failure to do so may hamper the programs ability to properly screen the individuals prior to attending the Unit Prevention Leadership Class.