

# CDC Course Request Form

*"This form may contain **FOR OFFICIAL USE ONLY (FOUO)** information that must be protected under the **Privacy Act of 1974** (see AFI 33-332). Do not release outside of DoD channels without the consent of the originator's office."*

AUTHORITY: 10 U.S.C. 8013. PRINCIPAL PURPOSE: To obtain information for computer input from education offices requesting students be enrolled into A4/6 A4L Distance Learning Courses. Use of SSN required to make positive identification of the individual and records.  
ROUTINE USE: Used to prepare data for input into MilPDS and A4/6 A4L computer database.  
DISCLOSURE: Voluntary. However, if requested information is not provided, the enrollment cannot be accomplished.

**\*\*\*IMPORTANT: CDC requests will only be accepted from the Unit or Base Training Manager. Items 1-10 are required to process CDC requests.**

**1. Full Name** (Last, First, MI.)  **2. Rank:** (Select One)  **3. SSN:**  **4. Category:** (Select One)

**5. Requesting:** (Select One)  **7. Course Number:**  **8. Course Title:**   
*\*\*\*If unsure of course number or title -click here: <http://www.au.af.mil/au/afiadl/curriculum/catalog/html/cdc00.htm>*

**9. Address:** (*\*CDCs will only be sent to a Unit Address*)

Address Line 1 (required)   
Address Street (required)   
Address Line 3 (optional)   
Base/City (required)   
State (required)   
9 Digit Zip code (required)   
*(Ex: 12345-1234)*  
*\*\*\*If unsure of your 9 digit Zip code click here: <http://zip4.usps.com/zip4/welcome.jsp>*

**10. Test Control Facility 9 Digit Zip code + Shred**

9 digit zip code (Ex: 12345-1234)  TCF Shred   
*\*\*\*If unsure of TCF Zip code/Shred click here: [http://www.au.af.mil/au/afiadl/registrar/tcfpage\\_fr.htm](http://www.au.af.mil/au/afiadl/registrar/tcfpage_fr.htm)*

**11. Comments:**

**To submit the CDC Request:**

*\*REMINDER: CDC requests will only be accepted from the Unit or Base Training Manager.*

1. Use the Submit by E-mail Button  
- Follow Instructions when Prompted
- OR-
2. Use the File Menu at the top of the Form  
- Select "Save As..."  
- Name the form "CDC Request - Trainee's Rank & Last Name"
3. With the saved form open, use the File menu option "Attach to E-mail..."  
- Change the Subject line to "(FOUO) CDC Request - Trainee's Rank & Last Name"
4. E-mail to [rmg.dpmt@us.af.mil](mailto:rmg.dpmt@us.af.mil)

*"This form may contain **FOR OFFICIAL USE ONLY (FOUO)** information that must be protected under the **Privacy Act of 1974** (see AFI 33-332). Do not release outside of DoD channels without the consent of the originator's office."*