Specialized Correspondence 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: This form may only be used to request Specialized courses. Items 1-8 are required to process PME requests.

5. Requesting: (Select One)	6. Course: (Select One or Enter Course Number and Name as listed in the Specialized Course Catalog linked below)
	***For course information -click here: http://www.au.af.mil/au/afiadl/curriculum/catalog/html/sc00.htm
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7. Address:	
Address Line 1 (required)	
Address Line 2 (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
8. Test Control Facility 9 D	vigit Zip code + Shred
9 digit zip code (Ex: 12345-1234	1) TCF Shred
***If unsure of TCF Zip code/S	hred click here: http://www.au.af.mil/au/afiadl/registrar/tcfpage_fr.htm.
9. Comments:	

- 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 "Specialized Course Request Rank & Last Name"
- 3. With the saved form open, use the File menu option "Attach to E-mail..."
 - Change the Subject line to "(FOUO) Specialized Course Request Rank & Last Name"
- 4. E-mail to rmg.dpmt@us.af.mil.

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