

Defense Institute of Security Assistance Management (DISAM/DAS)

2475 K Street , Bldg 52
Wright-Patterson AFB, OH 45433-7641
Voice (937)255-4144, DSN 785-4144
FAX (937)255-3441, DSN 785-3441

Student Registration Application

Forward this registration form through your training office to arrive at DISAM no later than 30 days prior to course start date.

Accurate completion of this form will enable determination of student eligibility and act as a survey of overall DISAM attendance.

PLEASE PRINT OR TYPE

1. Name (Last, First, MI):

2. Male/Female:

3. Rank/Grade:

4. Date of Rank:

5. Affiliated Service

6. Complete Office Mailing Address (i.e. DISAM/DAS 2475 K ST, WPAFB, OH 45433)

7. Office Phone: DSN Commercial

8. Position/Title:

9. If handicapped/disabled, please explain any special requirements:

10. Functions you perform in Security Assistance Management:

11. DISAM course you are applying for:

12. Course dates:

13.

14. Country of new assignment (REQUIRED FOR SCM-O ATTENDEES ONLY):

15. Previous DISAM courses attended, including month/year of attendance:

16. State briefly why you feel attendance will enhance your job skills:

17. Number of months in present position Number of months remaining:

18. Percent time you currently spend/anticipate spending on Security Assistance:

19. Total number months you have spent in Security Assistance:

20. SIGNATURE:

DATE

21. E-Mail address:

"Applicant needs course and meets the eligibility criteria set forth by DISAM".

SIGNATURE OF SUPERVISOR:

DATE:

SUPERVISOR'S TITLE:

PHONE:

SUPERVISOR'S E-Mail address:

Privacy Act Statement-Authority: 44USC 3130; E.O.9397 Principal Purpose: Used for locator, emergency notification, statistical reports and analysis. A ready reference for on-going courses and development of new courses. Routine Uses: To confirm student eligibility for DISAM courses. Disclosure is Voluntary: Failure to provide information requested could hinder or prevent acceptance of students into DISAM courses. SSAN is necessary to make positive identification of individual and his/her records.