

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):	<input type="text"/>		
2. Rank/Grade:	<input type="text"/>		
3. Date of Rank:	<input type="text"/>		
4. Service:	<input type="text"/>		
5. Social Security Number:	<input type="text"/>		
6. If handicapped/disabled, please explain any special requirements:	<input type="text"/>		
7. Complete Office Mailing Address:	<input type="text"/>		
8. Office Phone: DSN	<input type="text"/>	COMM	<input type="text"/>
9. Position/Title:	<input type="text"/>		
10. Functions you perform in Security Assistance Management:	<input type="text"/>		
11. DISAM course you are applying for:	<input type="text"/>		
12. Course dates:	<input type="text"/>		
13. Security Clearance (REQUIRED FOR SCM-O ONLY):	<input type="text"/>		
14. Country of new assignment (REQUIRED FOR SCM-O ONLY):	<input type="text"/>		
15. Previous DISAM courses attended, including month/year of attendance:	<input type="text"/>		

16. State briefly why you feel attendance will enhance your job skills: <input type="text"/>
17. Number of months in present position Number of months remaining: <input type="text"/>
18. Percent time you currently spend/anticipate spending on Security Assistance: <input type="text"/>
19. Total number months you have spent in Security Assistance: <input type="text"/>
20. SIGNATURE: <input type="text"/> DATE: <input type="text"/>
21. E-Mail address <input type="text"/>
22. "Applicant needs course and meets the eligibility criteria set forth by DISAM".
SIGNATURE OF SUPERVISOR: _____ DATE: <input type="text"/>
SUPERVISOR'S TITLE: <input type="text"/>
PHONE: <input type="text"/>
SUPERVISOR'S E-Mail address: <input type="text"/>
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.