

STUDENT PERSONAL DATA FORM

Privacy Act: This form is subject to the Privacy Act of 1974 and the Army Privacy Program, AR 340-21 regarding collection of personal data.

Principal Purpose: To provide the commander and cadre with information on individuals in order to assist the student with personal problems and/or training and to compile necessary reports.

PART A – SOLDIER / STUDENT – MILITARY DATA

1. COURSE ATTENDING (Course Name & Class Number, i.e. BOLC 3-09, FCCC 2-09) : _____
2. NAME: _____
Last First M.I. Suffix
3. SSN: _____ 4. RANK/GRADE: _____ 5. DATE OF RANK: _____
6. SOURCE OF COMMISSION (e.g. OCS, ROTC): _____ 7. YEAR GROUP: _____ 8. BRANCH: _____
9. HIGHEST MILITARY EDUCATION LEVEL (i.e. BOLC, BNCOC, CGSC): _____
10. COMPONENT: Active Duty _____ ARNG _____ USAR _____ Civilian _____ International _____
11. TRAINING STATUS: PCS _____ TDY en route _____ TDY and return _____
12. CURRENT DUTY TITLE / UNIT: _____
13. FOLLOW-ON DUTY TITLE / UNIT: _____

PART B – ADDRESS/CONTACT DATA

14. FT. JACKSON ADDRESS (Govt Qtrs, Apt, Hotel): _____
Address Room #
15. LOCAL PHONE: _____ 16. CELL PHONE: _____ 17. AKO EMAIL: _____
18. PERMANENT ADDRESS: _____
Street City State ZIP Code

PART C – PERSONAL DATA / EMERGENCY CONTACT

19. DOB: _____ 20. AGE: _____ 21. GENDER: M ___ F ___ 22. RACE (i.e. C, B, H, A, OTH): _____
23. MARITAL STATUS: _____ 24. SPOUSE NAME: _____ 25. NUMBER OF CHILDREN: _____
26. HIGHEST CIVILIAN EDUCATE LVL (i.e. HS, ASSOC, BS, MA): _____ MAJOR: _____
27. POC TO NOTIFY IN AN EMERGENCY: _____
Name Relationship
28. POC PRIMARY PHONE: _____ 29. POC ALTERNATE PHONE: _____
30. POC ADDRESS: _____

PART D – USAR / ARNG ONLY

31. LOCATION OF 201 FILE (Unit Name, Address, 24-Hour On-Call Telephone Number): _____

32. UNIT POINT OF CONTACT AND TELEPHONE NUMBER: _____

PART E – MEDICAL INFORMATION

33. ANY PRIOR HEAT OR COLD INJURIES (Y or N) ? _____ TYPE INJURY: _____ YEAR: _____
34. DO YOU HAVE A PERMANENT PROFILE (Y or N) ? _____ (IF YES - PROVIDE COPY)
35. DO YOU HAVE A TEMPORARY PROFILE (Y or N) ? _____ (IF YES - PROVIDE COPY)
36. DO YOU HAVE ANY ALLERGIES (Y or N) ? _____ (IF YES - LIST ALLERGIES) _____

COURSE ATTENDING (Course Name & Class Number, i.e. BOLC 3-09, FCCC 2-09) : _____

NAME: _____
Last *First* *M.I.* *Suffix*

MEDICATIONS / DIETARY SUPPLEMENTS

I am currently taking or have recently taken the following medications /dietary supplements: _____

- If, at any time, the above status changes I will immediately notify A Company, TSB.
- I understand that taking these and any other medications in conjunction with rigorous physical training has the potential to increase the risk of serious injury or health problems.
- I was advised that exceeding the recommended dosage of any drug or dietary supplements may cause serious health problems.
- I understand that if I fell sick or faint during or following physical training I will notify a cadre member immediately.

PRIVATELY OWNED WEAPONS

I Do _____ Do Not _____ Have any type of privately owned weapons.

- I understand that all privately owned weapons in my possession must be registered with my unit commander within five working days of my assignment. To accomplish this, I must complete Ft. Jackson Form 326.
- I understand that a copy of this memorandum will be placed in the unit files until my departure from Ft. Jackson.
- I understand that failure to disclose all information may result in disciplinary action against me.

(Signature)

(Date)