FORWARD TO: HQ AU/CFRR
60 Schumacher Avenue (Bldg 803)
Maxwell AFB AL 36112-6337

PHONE DSN: 493-8128 Commercial: (334) 953-8128
FAX DSN: 493-8127 Commercial: (334) 953-8127

ACSC DISTANCE LEARNING PROGRAM APPLICATION

PRIVACY ACT STATEMENT

AUTHORITY: *10 U.S.C. 8012.* ***PRINCIPAL PURPOSE:*** *To obtain information for computer input from student voluntarily enrolled in the ACSC Associate Seminar/Correspondence Program. Use of SSN required to make positive identification of the individual and records.* ***ROUTINE USES:*** *(1) Used to prepare data for input into the ACSC computer data base. This program enrolls, reenrolls, cancels, and graduates ACSC Associate Seminar/Correspondence Program students. (2) Information also forms the data base against which student writing assignments, attendance reports, and course completion can be correlated.* ***DISCLOSURE:*** *Voluntary. However, if requested information is not furnished, there is no entry data for the computer program and enrollment cannot be accomplished.*

INSTRUCTIONS: *Check opposite the applicable item or fill in classroom data where required.*

☐ NONRESIDENT (Course 30)

SSN	NAME *(Last Name, First, Middle Initial)*

CURRENT GRADE			DATE OF RANK *(Year, Month & Date)*	DSN DUTY PHONE
NOTE: If Civil Service as well as eligible Reserve or ANG, check appropriate military rank only.			STREET OR MAIL BOX IDENTIFICATION	
Major Selectee	03A			
Major	04			
Lt Colonel	05			
Colonel	06			
Civil Service Only: Enter GS Grade and check this block. (GS 11 or higher)				

CATEGORY		
USAF - ANG, NON-EAD	C	
USAF - Regular	5	
USAF - Reserve, EAD	1	
USAF - Reserve, NON-EAD	A	
CAP	7	
US Army-ACT/RES/NG	8	
US Navy-ACT/RES	9	
US Marine-ACT/RES	Q	
Foreign Military	F	
US Civil Service	P	

CITY OR APO	STATE	ZIP CODE OR APO NO.	

If Civil Service as well as eligible Reserve or ANG, check appropriate Reserve or ANG blocks only.

*** AFIADL cannot process without nine-digit TCO Zip plus Shred**

*** TEST CONTROL OFFICE ZIP CODE / SHRED**

1	2	3	4	5		6	7	8	9	SHRED	10
					-						

COMMENTS

E-MAIL ADDRESS

SIGNATURE	STUDENT'S TELEPHONE NUMBER	DATE
	OFFICE _____ (DSN if available) ***HOME*** _____	

MAXWELL AFB FORM 117, 20001120 *(EF-V1)* (ACSC/DL) PREVIOUS EDITION WILL BE USED