

AFIADL DISTANCE LEARNING ENROLLMENT APPLICATION

AUTHORITY: 10 U.S.C. 8013. PRINCIPAL PURPOSE: To obtain information for computer input from education offices requesting students be enrolled into AFIADL 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 the AFIADL computer database. DISCLOSURE: Voluntary. However, if requested information is not provided, there is no entry data for the computer program and enrollment cannot be accomplished.

INSTRUCTIONS: Items 1 thru 10 are required to process form. (DO NOT SAVE FORM PRIOR TO SENDING. See instuction page below.)

1. COURSE NUMBER:	0	0	0	1	3	2. COURSE TITLE:	Civil Air Patrol Senior Officer Course
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Access: <http://www.maxwell.af.mil/au/afiadl> for correct course number.

3. SSN:	1	2	3	4	5	6	7	8	9	4. DSN/COMM DUTY PHONE:	907-123-4567
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5. Last Name	First Name	MI	Suffix
Smith	Joseph	A	

6. CATEGORY: Select One

Civil Air Patrol - 7

7. CURRENT GRADE (Required):

O-2

8. ENROLLMENT CODE:

Mandatory	L	
Voluntary	N	X

NOTE: This Form is NOT to be used for Active Duty AF, ANG, or AF Reserve personnel.

NOTE: See Item 8 on back of form for ENROLLMENT CODE definitions

9. ADDRESS: (Mandatory enrollee use address of Unit Training Manager)

Address Line 1	Lt. Bethe Davis
Address Street (required)	P.O. Box 83332
Address Line 3	
Base/City (required)	Fairbanks
State (required)	AK
9 Digit Zipcode (required)	997083332

10. ****TEST CONTROL FACILITY ZIP CODE/SHRED

9 digit zip code	Shred										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> </tr> </table>	9	9	7	0	3	6	6	0	0	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> </tr> </table>	5
9	9	7	0	3	6	6	0	0			
5											

Access: <http://www.maxwell.af.mil/au/afiadl/registrar/tcflisting.xls> for correct TCF zip code and shred

*** ENROLLMENT CANNOT BE PROCESSED WITHOUT NINE-DIGIT TEST CONTROL OFFICE ZIP CODE AND SHRED (SEE BACK OF FORM FOR MORE INFORMATION)**

11. COMMENTS:

Volunteer Worker

12. STUDENT'S E-MAIL ADDRESS: **jsmith@domain.com**

13. DATE:

09/23/2008

APPROVING AUTHORITY'S TITLE

9th COS Commanding Officer

APPROVING AUTHORITY'S NAME

Curtis R Cebulski/Capt. CAP

AU 23, 20050801V3

RESET

Email Form To: STUDENT.SERVICES@MAXWELL.AF.MIL

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