



Defense Medical Readiness Training Institute

(DMRTI)

Course Registration Form

Course Dates:

Course Title:

Rank/Grade:	First Name:	Last Name:	MI:
SSN:	DODID:		
DOB (MM/DD/YYYY):			
Service:		Status:	
Corps:	Specialty (MOS, NEC, AFSC):		
Unit/Organization:		UIC:	
Current Position:			
Work Address:			
City:		State:	ZIP Code:
Phone:			
Work Email (AKO, NKO, DKO, JKO AF Portal):			

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. SECTION 301

PRINCIPAL PURPOSE: To provide the Defense Medical Readiness Training Institute (DMRTI) with personal information of a student when the student requests to duplicate course certificates or requires verification of attendance of DMRTI courses.

ROUTINE USE: Information will enable the DMRTI to locate the pertinent records of the requester.

MANDATORY/VOLUNTARY DISCLOSURE AND EFFECT ON AN INDIVIDUAL NOT PROVIDING INFORMATION: The requester has the right to refuse the release of the Social Security Number (SSN).

The disclosure of this information is mandatory because the records are retrieved by SSN. Failure to provide the information may result in not obtaining duplicate course related paperwork needed for credentialing purpose.

All the information provided is true and accurate to the best of my knowledge.