

## Privacy Act Statement

**AUTHORITY:** 10 U.S.C. Section 3013

**PRINCIPAL PURPOSE(s):** To provide basic student information to cadre and staff at the US Army Chaplain Center and School (USACHCS).

**ROUTINE USE(S):** Information will be used to create a student academic record and to provide USACHCS with basic demographic information on the students enrolled in a given course.

**DISCLOSURE:** Voluntary. However, failure to provide all the requested information could lead to non-enrollment in the Basic Officer Leader Course for inadequate data.

### PERSONAL DATA

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**Last Name**

**First Name**

**Middle Initial**

**Last 4 SSN**

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**Grade Rank**

**Compo**

**CHAP/CAND**

**Gender**

**Age**

**DOB:**

**Race/Ethnicity:**

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) ) Email ( @ .mil)

**Personal Email (gmail/hotmail/etc.)**

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**Cell Phone**

**Work Phone**

**Other Phone**

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**Security Clearance Type**

**Clearance Date**

**Prior Service**

**Branch**

**MOS/Skill/Job**

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**USAR/ARNG unit of assignment if Active Duty follow-on unit**

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**City**

**State**

**Zip**

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**USAR/ARNG Current Supervisor / Active Duty Sponsor if known**

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**Dates you are here for training**

**CAC Card**

**If USAR/ARNG Current Civilian Job Title**

### EMERGENCY POINT OF CONTACT

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**Name**

**Address**

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**Relationship**

**Work Phone**

**Cell Phone**

**Other Phone**

**RELIGIOUS DATA**

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**Religious Preference / Denomination (Spell out)**

**Endorsing Agency (Spell out)**

Title	Last	First
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**Endorser Representative**

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**Name of Seminary**

**City**

**State**

**Zip**

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**Date Graduated /  
Expected Graduation**

**Hours Resident**

**Hours Distance**

**Total Hours**

**Degree Awarded**

**FAMILY DATA**

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**Marital Status**

**Spouse Name**

**# Children**

**MISCELLANEOUS DATA**

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**Please list three (3) or (4) interesting facts about yourself:**

1.	
2.	
3.	

**Physical Fitness:**

1. Self-Assessment

2. Current Height (inches)

Weight (pounds)

3. Most recent APFT Score:

List all all previous dates of CHBOLC attendance (month/yr)

CIMT                      Phase 1                      Phase 2                      Phase 3

Insert a recent, high quality .jpg photo (head to toe) along with this form and email to the address below.

**Please return this form to: [usarmy.jackson.usachcs.mbx.chbolc@mail.mil](mailto:usarmy.jackson.usachcs.mbx.chbolc@mail.mil)**

Phone Numbers: Office Student Services: 803-751-8053    Registrar: 803-751-8052

Course Manager: 803-751-8921