MEMORANDUM FOR DIRECTOR OF PLANS, TRAINING, SECURITY AND MOBILIZATION
ATTN:APVR-PTM-T, FORT RICHARDSON, AK 99505

SUBJECT: School Request

1. Request that the following school be approved for the named soldier:

Rank: _____ Name: _____ SSN: _____

PMOS/Branch: _____ Duty Position: _____

Soldiers AKO EMAIL Address:_____

Unit:_____ UIC:_____

Unit Address: _____

Unit Phone Number:_____

DEROS:_____ ETS: _____ Security Clearance: _____

Course Requested: _____

School Location:_____

Class Dates: ___Any ___Only these:_____

APFT Date:_____ Scores: PU_____ SU_____ Run_____ Total_____

Height: _____ inches Weight: _____ lb. ____Go ____NoGo (encl. bodyfat worksheet)

2. Does soldier have a government travel card: Y / N

3. Sponsors Rank, Name, Unit and phone number (for PLDC students only)_____
_____

4. I certify that this soldier meets all prerequisites for this course IAW DA-PAM 351-4 or 6th ID Circular 351-1 (and AR 351-1 para 5-14 for NCOES courses), supporting documents are enclosed, and the information contained herein is accurate.

5. If this request is approved, the soldier will attend during the requested time frame.

6. Point of Contact (name/phone) for this memorandum is: _____

Cdr.'s Signature Block