

FAX COVER SHEET

TO: AFIADL (334) 953-8127 or DSN 493-8127

FROM:

Name / CAP Grade

Address

_____, _____
City, State, Zip Code

REGISTRAR: Please process the attached AFIADL Form 23.

AFIADL ENROLLMENT APPLICATION											
<small>(TYPE or PRINT clearly. Fill out in accordance with instructions in the AFIADL Catalog)</small>											
PRIVACY ACT STATEMENT											
<small>1. AUTHORITY: 44 USC 3101; 10 USC 8012; EO 9397. 2. PRINCIPLE PURPOSE: Used for individuals to provide information to AFIADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFIADL course enrollment. 4. DISCLOSER: Voluntary. However, if information is not provided, enrollment cannot be accomplished.</small>											
1. AFIADL COURSE NUMBER				2. SOCIAL SECURITY NUMBER				3. IDENTITY CODE/ CATEGORY			
4. NAME (Last First Middle Initial)						5. PAY GRADE			6. REASON FOR ENROLLMENT - CODES		
7. ADDRESS (OJT enrollee use address of Unit Training Office) _____ _____ _____						8. TCO PHONE (DSN) N/A			L <input type="checkbox"/> MANDATORY		
									N <input type="checkbox"/> VOLUNTARY		
						ZIP CODE _____ - _____					
11. ZIP CODE/SHRED OF TEST CONTROL FACILITY											
0	8	6	4	1	6	0	9	9	-	7	
						TITLE					

AFIADL FORM 23, 20000609

Replaces ECI Form 23, 19950301, which will be used

ENROLLEE'S E-MAIL ADDRESS:	
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FAX A COPY OF THIS FORM TO NJ WING/ETSDDL (609) 723-8470

GROUP		UNIT	
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