

VERMONT ARMY NATIONAL GUARD  
3-124th Information Operations School  
Readiness and Regional Technology Center  
161 University Drive, Northfield, Vermont 05663  
(802) 485-1950 FAX (802) 485-1937

## Student Information Sheet

**NOTE: This information is required to process your course application and will be needed to complete DA Form 1059 and 87 which cannot be issued without it. This form must be filled in completely, printed and faxed to the Information Operations Battalion each time you wish to enroll in a course. Tab through the form, all fields are required.**

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**Course:** \_\_\_\_\_ **Course Dates (from the calendar)** \_\_\_\_\_  
**NAME: (Last, First, MI) :** \_\_\_\_\_ **RANK / GRADE :** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **MOS (enlisted):** \_\_\_\_\_ **BRANCH (officer):** \_\_\_\_\_  
**COMPONENT:** \_\_\_\_\_ **SECURITY CLEARANCE:** \_\_\_\_\_  
**POSITION (CERT / IO Staff)** \_\_\_\_\_

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**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Unit Phone** \_\_\_\_\_ **Unit DSN** \_\_\_\_\_

**NOTE:**

All email correspondances will be to your AKO or MIL email address. You MUST provide your Unit Supervisors, CERT Chief or NCOIC's AKO mail Address

**AKO Email Address**

**MIL Email Address**

**Work Email Address**

**Home Email**

**Supervisor's (AKO) Email**

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### HOME MAILING ADDRESS

**House/P.O. Box Number, Street**

**City, State, and Zip Code**

### UNIT OF ASSIGNMENT ADDRESS

**Unit :**

**Street (1) :**

**Street (2) :**

**City, State and Zip**

### EMERGENCY CONTACT

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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submitted

received

posted