

**CORRECTED OR LATEST ENROLLMENT DATA**

w Items marked with "w" MUST be filled in. Request cannot be processed or responded to if these items are not completed.

1. THIS REQUEST CONCERNS COURSE NO.	2. TODAY'S DATE	3. ENROLLMENT DATE	4. DSN PHONE NUMBER
w 5. SOCIAL SECURITY NUMBER (SSN)	6. GRADE / RANK	w7. NAME (Last name)	First Name MI

w 8. ADDRESS NOTE: OJT Enrollees -- Enter address of unit training office with zip code. ALL OTHERS -- Enter current mailing address with zip code.  w TYPE ADDRESS -- REQUIRED BY USPS  NAME  STREET / UNIT TRAINING OFFICE  CITY / BASE, STATE, ZIP CODE	/// FOR AFIADL USE ONLY ///

9. E-MAIL ADDRESS AND FAX NUMBER	
----------------------------------	--

10. TEST CONTROL OFFICE ZIP CODE / SHRED	
--	--

**11. REQUEST FOR MATERIALS, RECORDS, OR SERVICE**

X Place an "X" through number in box to left of service requested.

<input type="checkbox"/> 1	Request address change as indicated in item 8 above. See Note 1.	
<input type="checkbox"/> 2	Request Test Control Office change as indicated in Item 10 above. See Note 1.	
<input type="checkbox"/> 3	Extend course completion date. (Justify in "Remarks" on reverse.) See Note 1.	CIRCLE FIRST OR SECOND EXTENSION
<input type="checkbox"/> 4	Request enrollment cancellation. Confirmation required. <input type="checkbox"/> See Note 1.	
<input type="checkbox"/> 5	Send course exam. Automatic request on _____ (date). Answer sheet request on _____ (date). See Note 1.	
<input type="checkbox"/> 6	Request name change / correction to that as shown in Item 7 above. (Provide old or incorrect data here.)	
<input type="checkbox"/> 7	Send course materials. (Specify in "Remarks" on reverse.) <input type="checkbox"/> Not received <input type="checkbox"/> Lost <input type="checkbox"/> Damaged	
<input type="checkbox"/> 8	Correct SSN (List incorrect SSN here.) _____ (Correct SSN should be shown in Item 5 above.)	
<input type="checkbox"/> 9	Request Grade / Rank change / correction.	
<input type="checkbox"/> 10	CE results not received. Answer sheet submitted to AFIADL on _____ (date).	
<input type="checkbox"/> 11	Give instructional assistance as requested on reverse.	
<input type="checkbox"/> 12	Other (Explain fully in "Remarks" on reverse.)	

● NOTE 1. Submit this IMT for automatic transmittal to AFIADL if capability is available.

OJT STUDENTS must have their OJT Administrator certify this record.  ALL OTHER STUDENTS may certify their own requests	I certify that the information on this IMT is accurate and that <b>THIS REQUEST CANNOT BE ANSWERED AT THIS STATION.</b>
	SIGNATURE

Fold Here

Fold