ATRRS REGISTRATION FORM

School Code : _____ **Course Code :** _____

Start Date: _____

End Date: _____

Course Session# : _____

Security Clearance (ex., Secret, Confidentiel, etc.): _____

NAME: _____

SSAN: _____

Pay Grade: _____

Series: _____

Work Phone _____

DSN Phone: _____

Job Title: _____

Work Mailing Address: _____

_____

_____

Email address: _____