



# DoD Joint Inspector General Course Quota Request



DATE

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. § 552a

**PURPOSE:** To confirm quota request and obtain administrative demographic information.

**ROUTINE USE(S):** Data is collected and entered into the DoD Joint Inspectors General Registrar database for use by the Registrar for demographics and historical purposes.

**DISCLOSURE:** Voluntary. Disclosure of student data will expedite the registration process and verify course attendance and completion.

***Student Demographics (Please fill in all requested information)***

*Failure to submit the below information may delay course registration and prevent course attendance*

Last Name	First Name	Rank/Grade	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address	Phone	DSN
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Current IG Assignment</b>	<b>OR</b>	<b>Future IG Assignment</b>	<b>IG Experience (Years/Months)</b>
Command/Agency		Command/Agency	
<input type="text"/>		<input type="text"/>	<input type="text"/>

Prior IG School	Date	Special Requests or needs: <input type="text"/>
<input type="text"/>	<input type="text"/>	
Class Requested	Class Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Command Mailing Address:

**Parking Request: Y N**  
 Registration #: \_\_\_\_\_  
 State of Issue: \_\_\_\_\_

Please fill out the form completely. Once you are registered for the course, you will receive student information and course material. You will receive these items prior to your arrival. Please notify the Registrar immediately of any cancellations.

[JointIGRegistrar@dodig.mil](mailto:JointIGRegistrar@dodig.mil)

Comm: (703) 604-8417 DSN: 664-8417 Fax: (571) 372-7246

***Registrar Use Only***

Received \_\_\_\_\_ Entered \_\_\_\_\_ Registered \_\_\_\_\_ Standby \_\_\_\_\_ Confirmed \_\_\_\_\_

Parking: Y N Registration \_\_\_\_\_ State of Issue \_\_\_\_\_