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## Security Assistance Network (SAN) Public Collection Notice

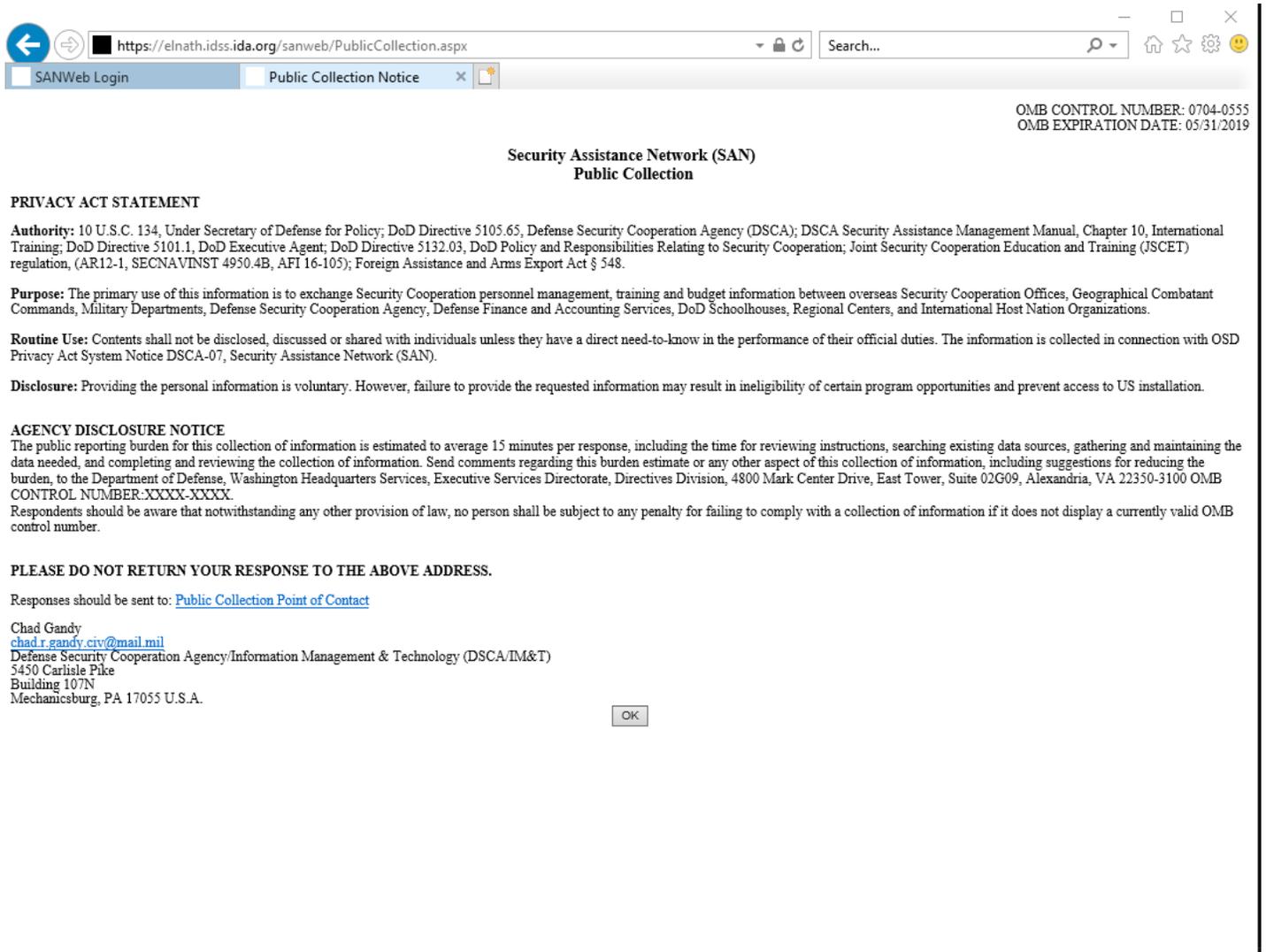


Figure 1

\*This screen is currently being modified to update the Privacy Act Statement and remove the old expiration date for 0704-0555. The draft of the new screen has been submitted with this ICR package.

# International Military Student Information Entry Screen

Basic Info		IMSI Bio	Save Changes	
<b>*fields with grey backgrounds are not editable.</b>				
1. NAME OF NATIVE COUNTRY		2. DATE PREPARED		3. SCHEDULED DATE OF ARRIVAL IN U.S. <small>(Per Date in Arrival Message)</small>
4. NAME OF STUDENT				
a. FULL NAME (In Roman letters in order normally used, with surname in capital letters. Provide accent for last name, or phonetic pronunciation, as appropriate)				
b. NAME(S) BY WHICH INDIVIDUAL PREFERS TO BE ADDRESSED				
(1) IN OFFICIAL CORRESPONDENCE		(2) ORALLY AT OFFICIAL GATHERINGS		
(3) FULL NAME IN NATIVE ALPHABET (Including Standard Telegraphic Code or other transcription code)		(4) VARIANTS, ALIASES OR NICKNAMES		
5. RANK (Full official terms)				
a. ENGLISH LANGUAGE		b. NATIVE LANGUAGE		6. DATE OF RANK
7. POSITION/BILLET				
a. PRESENT POSITION (Position prior to U.S. training tour)		b. MILITARY ADDRESS		
c. ANTICIPATED POSITION UPON RETURN TO NATIVE COUNTRY		d. SCHEDULED DATE OF DEPARTURE FROM U.S. (YYYYMMDD)		
		11/05/2004		
e. SCHEDULED U.S. SERVICE SCHOOL(S)		f. SCHEDULED COURSE(S)		
8. BRANCH OF MILITARY SERVICE		9. SPECIALTY/OTHER ORGANIZATIONS (Ministry of Defense, space programs, etc.)		
10. DATE OF BIRTH (YYYYMMDD)		11. PLACE OF BIRTH (Town, State, Province, Country)		12. Sex
13. HOME ADDRESS		14. TELEPHONE NUMBER (Include area code if applicable)		15. Marital Status (x one)
		a. Home b. Work		<input type="radio"/> Married <input checked="" type="radio"/> Single
16. CITIZENSHIP (Indicate country(ies))		17. NATIONALITY		18. RELIGIOUS AFFILIATION (If any)
19. TITLES, HONORIFICS (Prince, Doctor, Pandit, etc.)		20. HIGH ORDER DECORATIONS (Native, U.S., other; explain)		
21. PHYSICAL DESCRIPTION				
a. HEIGHT (Inches)		b. WEIGHT (Pounds)		c. COLOR OF HAIR
0		0		none
				d. COLOR OF EYES
				e. FACIAL HAIR (X if applicable)
				<input type="checkbox"/> Mustache <input type="checkbox"/> Beard
22. MEMBERSHIP IN ORGANIZATIONS (Professional, social, military, other. Enter inclusive dates of membership (YYYYMMDD))				
23. PREFERENCES (Food, drink, tobacco, entertainment, sports, hobbies, other special interests.)				
24. PUBLISHED WORKS BY OR ABOUT INDIVIDUAL (Title of article or book; if article, name of publication in which appearing date published (YYYYMMDD))				
25. CIVILIAN EDUCATION (University, college or highest level schools, locations, major courses, degrees, honors; inclusive dates (YYYYMMDD))				
26. LANGUAGES (Proficiency, dialects, degree of fluency, ability to act as translator/interpreter.)				
27. INTERNATIONAL TRAINING/TRAVEL (Countries, dates (YYYYMMDD), purpose)				
28. PHOTO SUBMITTED (X) <input type="radio"/> YES <input checked="" type="radio"/> NO				
				29. DATE OF PHOTO, IF SUBMITTED
30. MILITARY SERVICE (Chronologically, inclusive dates (YYYYMMDD) and location(s). Military schools, in-country and foreign; promotions (specify rank and dates - YYYYMMDD); foreign service; units served/positions held; retired/reserve status; involvement with programs/activities/key people. Use additional pages, if necessary.)				
31. DEPENDENCY DATA (If accompanied)				
a. FULL NAME OF SPOUSE		b. DATE OF BIRTH OF SPOUSE		
c. PLACE OF BIRTH OF SPOUSE		d. CITIZENSHIP OF SPOUSE		e. NATIONALITY OF SPOUSE
f. CHILDREN (If accompanied)				
(1) NAME		(2) SEX		(3) DATE OF BIRTH

Figure 2

**Agency Disclosure Notice**

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0702-0064). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**INTERNATIONAL STUDENT INFORMATION for**

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1. NAME OF NATIVE COUNTRY \_\_\_\_\_ 2. DATE PREPARED \_\_\_\_\_ 3. SCHEDULED DATE OF ARRIVAL IN U.S. \_\_\_\_\_

4. NAME OF Student \_\_\_\_\_

5. FULL NAME (In Roman letters in order normally used, with surname in capital letters. Provide accent for last name or phonetic pronunciation as appropriate.) \_\_\_\_\_

6. NAME(s) BY WHICH INDIVIDUAL PREFERS TO BE ADDRESSED

(1) IN OFFICIAL CORRESPONDENCE \_\_\_\_\_ (2) ORALLY AT OFFICIAL GATHERINGS \_\_\_\_\_

(3) FULL NAME IN NATIVE ALPHABET \_\_\_\_\_ (4) VARIANTS, ALIASES or NICKNAMES \_\_\_\_\_

7. RANK (Full official terms) \_\_\_\_\_ 8. DATE OF RANK \_\_\_\_\_

a. ENGLISH LANGUAGE \_\_\_\_\_ b. NATIVE LANGUAGE \_\_\_\_\_

usrank \_\_\_\_\_

9. POSITION/BILLET \_\_\_\_\_

a. PRESENT POSITION (Position prior to U.S. training) \_\_\_\_\_

b. MILITARY ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. ANTICIPATED POSITION UPON RETURN TO COUNTRY \_\_\_\_\_ d. SCHEDULED DATE OF DEPARTURE FROM U.S. \_\_\_\_\_

e. SCHEDULED U.S. SERVICE SCHOOLS \_\_\_\_\_ f. SCHEDULED COURSE(S) \_\_\_\_\_

10. BRANCH OF SERVICE \_\_\_\_\_ 11. SPECIALTY/OTHER ORGANIZATIONS (MoD, space programs, etc) \_\_\_\_\_

Air Force \_\_\_\_\_

12. DATE OF BIRTH \_\_\_\_\_ 13. PLACE OF BIRTH \_\_\_\_\_ 14. SEX \_\_\_\_\_

Male

15. HOME ADDRESS \_\_\_\_\_ 16. TELEPHONE NUMBER \_\_\_\_\_ 17. MARITAL STATUS \_\_\_\_\_

a. HOME b. WORK \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

18. CITIZENSHIP \_\_\_\_\_ 19. NATIONALITY \_\_\_\_\_ 20. RELIGIOUS AFFILIATIONS \_\_\_\_\_

21. TITLE, HONORIFICS (Price, Doctor, Pandit, etc) \_\_\_\_\_

22. HIGH ORDER DECORATIONS (Native, U.S., Other) \_\_\_\_\_

23. PHYSICAL DESCRIPTION

a. HEIGHT (Inches) \_\_\_\_\_ b. WEIGHT (Pounds) \_\_\_\_\_ c. Color of Hair \_\_\_\_\_ d. COLOR OF EYES \_\_\_\_\_ e. FACIAL(HAIR) \_\_\_\_\_

0 \_\_\_\_\_ 0 \_\_\_\_\_

24. MEMBERSHIP IN ORGANIZATIONS (Professional, social, military, etc) \_\_\_\_\_

25. PREFERENCES (Food, drink, tobacco, entertainment, sports, hobbies, etc) \_\_\_\_\_

26. PUBLISHED WORKS BY OR ABOUT INDIVIDUAL \_\_\_\_\_

27. CIVILIAN EDUCATION \_\_\_\_\_

28. LANGUAGES (Proficiency, dialects, degrees, degree of fluency, ability to act as a translator) \_\_\_\_\_

29. INTERNATIONAL TRAINING (Countries, dates, purpose) \_\_\_\_\_

30. PHOTO SUBMITTED  No \_\_\_\_\_ 31. DATE OF PHOTO \_\_\_\_\_

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32. MILITARY SERVICE \_\_\_\_\_

33. DEPENDENCY DATA (if accompanied)

a. FULL NAME OF SPOUSE \_\_\_\_\_ b. SPOUSE DOB \_\_\_\_\_

c. PLACE OF BIRTH OF SPOUSE \_\_\_\_\_ d. CITIZENSHIP OF SPOUSE \_\_\_\_\_ e. NATIONALITY OF SPOUSE \_\_\_\_\_

f. CHILDREN(if accompanied)

(1) NAME \_\_\_\_\_ (2) RELATIONSHIP \_\_\_\_\_ (3) SEX \_\_\_\_\_ (4) DOB \_\_\_\_\_ (5) CITIZENSHIP \_\_\_\_\_

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Figure 3