



HENRY H. LIND NCO ACADEMY

(BLC STUDENT DATA SHEET)



Student Information

Last:		First:		M.I.:	Suffix:	Previous Name:	
Gender:	PMOS:	Rank:	SSN:		DoD ID #:		
Preferred Email:			Cell Phone:			Meal Card Holder?:	
Currently On Profile:	Profile Type:	Postpartum (within 365 days)?:			Date Pregnancy Ended:		

Course Requirements

(Failure to provide Unit Pre-Execution Checklist and Student Data Sheet within 72 hours of the start date will result in dismissal from the course)

(** Soldiers who fail to provide these documents on fill day will be denied enrollment into the course)

NCOA Website: [CLICK HERE FOR WEBSITE ACCESS](#)

NCOA milSuite: [CLICK HERE FOR MILSUITE ACCESS \(CAC REQUIRED\)](#)

Soldier's Initials	Sponsor's Initials	Documents
		1. TRADOC Form 350-18-2 (Unit Pre-Execution Checklist)
		2. Profile (If Applicable)
		3. Postpartum Student Volunteer Memo (If Applicable)
Additional Requirements		
		1. Packing List Items Required on Day 0
		2. JBLM Computer User Account Required

Unit Leadership Information

Company Leadership

Company (Name of Organization):

I certify that the above named Soldier has all required documents and meets all prerequisites for enrollment into the Basic Leader Course. Furthermore, I understand that failure to provide the required documents could result in denied enrollment or dismissal from the course.

Sponsor (Rank Last, First, M.I.):	Sponsor Email:	Sponsor Phone #:	Sponsor Signature:
1SG (Rank Last, First, M.I.):	1SG Email:	1SG Phone #:	1SG Signature:

Battalion Leadership

Battalion (Name of Organization):

I certify that the above named Soldier has all required documents and meets all prerequisites for enrollment into the Basic Leader Course. Furthermore, I understand that failure to provide the required documents could result in denied enrollment or dismissal from the course.

BN CSM (Rank Last, First, M.I.):	BN CSM Email:	BN CSM Phone #:	BN CSM Signature:
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Brigade Leadership

Brigade (Name of Organization):

BDE CSM (Rank Last, First, M.I.):	BDE CSM Email:	BDE CSM Phone #:
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