International Student Management Office
Questionnaire for Military ID

Please provide all requested information and forward the completed form to ISMO by fax: 202-685-3722, or email: waldripm@ndu.edu.
Also forward a hard copy to ISMO using the pre-addressed envelope.

Please print legibly.

_____
Country of origin

_____
Surname, as shown on passport *("Surname" refers to your family name, typically your last name*)

_____ _____
First name(s) Middle initial (if any)

Rank _____

Branch of service □ Air Force □ Army □ Navy □ Marine □ National Guard □ Other _____

Birth date (*day, month, year*)_____Blood type (*circle one*) A+ A- B+ B- AB+ AB- O+ O-

_____ _____ _____ _____
Eye color Hair color Height (*inches*) Weight (p*ounds)*

List dependents who will be staying with you for at least 75% of your tour of duty

_____
Family's arrival date in U.S.

_____
Wife's surname, as shown on passport

_____ _____
Wife's first name(s) Wife's middle initial (if any)

_____ _____
Birth date (*day,month,year)* Date of marriage (*day,month,year)*

_____ _____ _____ _____
Eye color Hair Color Height (*inches)* Weight *(pounds)*

First Child

Child's surname, as shown on passport

Child's first name(s) | Child's middle initial (if any)

Birth date (*day,month,year)* | Current Age | Sex (*male or female)*

Eye color | Hair color | Height (*inches)* | Weight (*pounds)*

Second Child

Child's surname, as shown on passport

Child's first name(s) | Child's middle initial (if any)

Birth date (*day,month,year)* | Current Age | Sex (*male or female)*

Eye color | Hair color | Height (*inches)* | Weight (*pounds)*

Third Child

Child's surname, as shown on passport

Child's first name(s) | Child's middle initial (if any)

Birth date (*day,month,year)* | Current Age | Sex (*male or female)*

Eye color | Hair color | Height (*inches)* | Weight (*pounds)*

Fourth Child

Child's surname, as shown on passport

Child's first name(s) | Child's middle initial (if any)

Birth date (*day,month,year)* | Current Age | Sex (*male or female)*

Eye color | Hair color | Height (*inches)* | Weight (*pounds)*