Print Form

# DTF User Account Request

Instructions: Complete the following information for each individual and provide a copy to your local DTF Manager.

DLS safeguards all Privacy Act information in accordance with Army Regualtion 340-21.

## Personal Information

Last Name: First: MI: SSN:

Service Status: Military Title/Rank:

AKO User ID: Unit/Organization:

Address:

City: State: Zip/Postal:

Telephone: Work Email:

Home Address:

City: State: Zip/Postal:

Telephone: Home Email: