

DEPARTMENT OF  
HOMELAND SECURITY  
U.S. COAST GUARD  
INSTITUTE (01/06)  
CGI 1564  
**Previous Editions Obsolete**

# Official USCG Transcript Request

SSN: \_\_\_\_\_

UNIT OPFAC: \_\_\_\_\_

Full Name: \_\_\_\_\_ Rate/Rank: \_\_\_\_\_  
Last Name First Name MI (e.g. SN, LT, GS-5)

Applicant Mailing Address:

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

Work Phone Number: \_\_\_\_\_ Ok to call work (spouse/reserves) YES NO

Home/Cell Phone Number: \_\_\_\_\_ Best time to Call: \_\_\_\_\_

## Check Status

Active Duty Reserve Civilian Employee Spouse Retired/Separated\*

\* \_\_\_\_\_ Date Separated/Retired \_\_\_\_\_ Grade/Rank (e.g. RMC, LT)

\*If Retired or Separated attach legible copies of your USCG - DD-214s for all periods of service.

Please send my official USCG Transcript documenting my military learning experiences to the address listed below. I understand that an unofficial copy of the transcript will be provided to me at the above address if I am separated or retired. *I understand that if documentation is not provided the course(s) will not appear on my transcript.*

**I understand that there is a limit of 5 transcripts per request and 5 transcript requests per quarter.**

In accordance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99 / Rev. July 1, 1997), the applicant grants permission for the USCG Institute to provide personal and education information to partnership institutions to aid in degree completion. Personal information shall not be given to other institutions or to a third party without the applicant's written permission. ALDIST 102/94 authorizes the Institute to collect this information. The Institute will maintain the information in order to officially transcript applicant's military learning experiences. ***Failure to provide the requested information may adversely affect the college credit recommendations received by the applicant.*** My signature certifies that the foregoing information is true and accurate.

\_\_\_\_\_  
MEMBER'S SIGNATURE (**REQUIRED**)

\_\_\_\_\_  
DATE

## Mail Official Transcript to:

ATTN:

University / College Name: (Do Not Use Acronyms)

Street Address:

Street Address:

City, State, Zip:

I am pursuing/enrolling in an **Associate** **Bachelor** (circle one) degree program in  
\_\_\_\_\_ (subject/major) at the SOCCOAST Institution listed above.

**(Check applicable program. If not applying for program leave blank.)**

PROGRAM: OCS ACET PPEP CSPI Other \_\_\_\_\_ (Specify)  
(Check One) (e. g. PA Program)

Date of Selection Board: \_\_\_\_\_ Application Deadline: \_\_\_\_\_

**Mail this Form to:**  
Commanding Officer (ve)  
USCG Institute  
5900 SW 64<sup>th</sup> St, Rm 228  
Oklahoma City, OK 73169-6999

**Fax To:**  
(405) 954-7249

**Email:**  
cgi-pf-ed\_advisor@uscg.mil