

# TRANSCRIPT/RECORDS REQUEST

Please tell us what service you are requesting. (See reverse for specifics concerning cost of transcripts and other details)

- |  |                 |  |
|--|-----------------|--|
| <input type="checkbox"/> Transcripts                 | Quantity: _____ | Check/Money Order Amount Enclosed: _____                     |
| <input type="checkbox"/> Replacement Paper Diplomas* | Quantity: _____ | **Make check or money order (only) payable to U. S. Treasury |
| <input type="checkbox"/> Education Verification      |                 |  |
| <input type="checkbox"/> Records: _____              |                 |  |
| <input type="checkbox"/> Other: _____                |                 |  |

NAME WHILE IN ATTENDANCE: \_\_\_\_\_

SOCIAL SECURITY ACCOUNT NUMBER (SSAN): \_\_\_\_\_

CLASS YEAR (or the year you would have graduated): \_\_\_\_\_

ADDRESS / BILLING ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_

ACTIVE DUTY MILITARY STATUS AND RANK: \_\_\_\_\_

## **\*REPLACEMENT DIPLOMA REQUIRED INFORMATION**

NAME AS IT APPEARS ON YOUR DIPLOMA: \_\_\_\_\_

EXACT DATE OF GRADUATION: \_\_\_\_\_

EXACT DEGREE RECEIVED: \_\_\_\_\_

## **PLEASE SEND THE REQUESTED ITEM TO:**

NAME OF INSTITUTION, BUSINESS OR INDIVIDUAL:

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

REMARKS OR SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# ***Important Instructions and Information***

Send completed request to: UNITED STATES AIR FORCE ACADEMY  
Attn: Office of the Registrar, Records Division  
2354 FAIRCHILD DR, SUITE 2G13  
USAF ACADEMY, CO 80840-6210

Fax request to: (719) 333-6650  
Fax DSN: 333-6650

Phone Number: (719) 333-3970 Business Hours: 0730 to 1630 (MST/MDT), Monday through Friday

## **TRANSCRIPTS**

Transcript requests require the following information. Omission of any portion of this information or errors in the information may result in delays or our inability to process your request. Transcript requests will be processed and mailed within 3-4 business days after receiving the request. Every effort will be made to process the request as soon as it is received. See associated costs below.

- DATE OF REQUEST
- FULL NAME OF STUDENT
- CLASS YEAR
- SOCIAL SECURITY NUMBER
- NUMBER OF COPIES REQUESTED
- ADDRESS TO WHICH EACH TRANSCRIPT SHOULD BE SENT
- CURRENT ADDRESS AND DAYTIME TELEPHONE NUMBER (for questions)
- SPECIAL INSTRUCTIONS
- SIGNATURE

Transcript costs:

1. \$3.50 for the 1<sup>st</sup> copy. \$.45 for each additional copy to the same address.
2. \$3.50 per copy to additional address(es)
3. Check or money order payable (only) to U. S. Treasury

Transcripts for active duty personnel

1<sup>st</sup> five (5) copies are free. Charges apply as listed above for any additional copies.

## **RECORDS AND OTHER CADET INFORMATION**

Requests for records and other cadet related information have no costs associated with them. Please provide all of the information below.

- FULL NAME OF STUDENT
- SOCIAL SECURITY NUMBER OF STUDENT
- CLASS YEAR
- SPECIFY WHAT IS BEING REQUESTED
- WHERE IT SHOULD BE SENT (can be faxed if five (5) pages or less)
- DAYTIME TELEPHONE NUMBER
- MAILING ADDRESS
- SIGNATURE

## **DIPLOMA REPLACEMENT REQUESTS**

To request a replacement PAPER diploma, please provide the following information. There is no cost associated with this request.

- NAME OF STUDENT (as it appears on the diploma)
- SOCIAL SECURITY NUMBER
- CLASS YEAR
- EXACT DATE OF GRADUATION
- EXACT DEGREE RECEIVED
- DAYTIME TELEPHONE NUMBER
- MAILING ADDRESS
- SIGNATURE