

Joint Special Operations University Transcript Request

Privacy Act Statement: AUTHORITY: 10 U.S.C. 167, "Unified Combatant Command for Special Operations Forces;" 10 U.S.C. 8013, Secretary of the Air Force, and E.O. 9397 (SSN), as amended. PURPOSE: Identify individuals seeking transcripts for courses completed. ROUTINE USES: May be released outside USSOCOM for those DoD "Blanket Routine Uses" published at the beginning of Air Force Directory 37-144, Air Force Privacy Act Systems of Records Notices. Disclosure is Voluntary, however, failure to provide requested information may result in not receiving requested transcript.

Complete this form and mail to: *Joint Special Operations University*
Attn: JSOU-D/Registrar
7701 Tampa Point Blvd
MacDill AFB, FL 33621-5323

Or email to JSOU/Registrar at JSOUCourses@socom.mil

Student Name (include previous names, also): _____

Student SSN (Last Four): _____

Phone Numbers: Work (Commercial/DSN) _____

Cell _____

Email Address: _____

Course/School Completed: _____

If student has completed more than one course, indicate as "Multiple"

Method (Circle One)/Date of Completion: Resident Nonresident

Date of Completion: Month _____ Year _____

Address to which transcript should be mailed:

Institution Name: _____

Attn: _____

Street: _____

City/State/Zip: _____

Second Address for additional transcript, if applicable:

Name: _____

Street: _____

City/State/Zip: _____

Pay Roll Signature: _____

****Must have student signature on this form in order to release this information****

Signature Date: _____

****Transcripts are sent by U.S. Mail only. We do not fax or email transcripts.****