DEPARTMENT OF HOMELAND SECURITY U. S. COAST GUARD INSTITUTE (11/15) CGI 1562

Application for Correction to Joint Services Transcript

DATA REQUIRED	FOR AL	L APPLICA	NTS (PLEA	SE TYPE)
Full Name:				EMPLID:
Last	Name	First Name	MI	(Or Last 4 SSN)
Previous Last Name (if applical	ole)		
Email Address:				Davtime Phone:
	Mem	ber Email (if not in	CG Global)	Daytime Phone:(Best number to reach you)
Rate/Rank:	e/Rank:			
(e.g. SN, YN3,	LTJG,GS-5))		Separated & Spouse Use: 94-33685
				Auxiliary Use: 99-99998 Prior Civilian Emp. Use: 99-99999
USCG Current Status	s: (Check	one)		Prior Civinan Emp. Use: 99-99999
	·			d/IDD/Datived Auviliany Spanse
□Active Duty/Reserv		nan Employee		ed/IRR/Retired □Auxiliary □Spouse
REQUEST FOR CO	RECTIO	N		
Include documentation	to support	claims of cours	se completion	s <u>NOT</u> listed on your Joint Service Transcript (JST).
Non Traditional Tax	ting / DI	DT Testing /C	ortificatoo	and Licenses
Non-Traditional Tes	ting / DL	FT Testing /C	entificates	
Include legible score repo	orts for CLF	P/DSST/Excelsion	or Exams and I	DLPT testing.
		1 0		
soft certifications.	ates. Samp	les of certificates	include the IA	AP Certified Administrative Professional., COMPTIA and Micro-
sont continentions.				
Member's Authoriza	ation			
				ve permission to the Coast Guard Institute to amend my record NTES, etc.) about missing items and to have them amend my
Member's Signature (Required)				Date
	0			
			_	
Active Duty Member	rs/Reservi	sts/Civilian En	ployees	Retired/Separated/Spouses /Auxiliary
Submit JST Corrections Requests and legible copies of c through your ESO.			of certificates	Submit your correction request via: Email: CGI-PF-Ed_Transcripts@uscg.mil Fax : (405) 954-7249 Mail: Commanding Officer USCG Institute Registrar's Office 5900 SW 64th St., Room 228
				Oklahoma City, OK 73169-6991