

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 payable to the 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 CONTACT 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:

In order to process your request signature is mandatory.

SIGNATURE OF REQUESTOR: _____ DATE: _____

Important Instructions and Information

**Send completed request to: UNITED STATES AIR FORCE ACADEMY
Attn: Student Academic Affairs & Registrar
2354 FAIRCHILD DR, SUITE 2G13
USAF ACADEMY, CO 80840-6210**

**Fax request to: (719) 333-6650
Fax DSN: 333-6650
Email scanned pdf request to:
dfr.customerservice@usafa.edu**

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. 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)
- STATEMENT OF PURPOSE (Official/Personal)
- SPECIAL INSTRUCTIONS
- SIGNATURE

Transcript costs for non active duty:

1. \$3.50 for the 1st copy to an address. \$.45 for each additional copy to the same address.
2. \$3.50 per copy to each additional address

Transcripts for active duty personnel

1. Copies for official use are free.
2. 1st 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 casts 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 (for questions)
- BILLING ADDRESS (if applicable)
- 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 (for questions)
- MAILING ADDRESS
- SIGNATURE