



DEPARTMENT OF THE AIR FORCE

THE OFFICE OF THE REGISTRAR
USAF ACADEMY, COLORADO

DATE: _____

MEMORANDUM FOR: HQ USAFA/DFRR
2354 Fairchild Drive, Suite 2G13
USAF Academy CO 80840-6210

FROM: Printed Name: _____

Agency: _____ Badge # _____

Office Address: _____

Phone Number: _____ Fax Number: _____

SUBJECT: Request for Information/Records

Student Name(s)	FULL SSN	Class Year
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

PLEASE CHECK INFORMATION/RECORDS NEEDED:

_____ ACADEMIC TRANSCRIPTS _____ PERSONNEL DATA SUMMARIES (PDS)

_____ OTHER INFORMATION OR RECORDS: _____

(PLEASE ATTACH/SEND SIGNED RELEASES ALONG WITH REQUEST)

SIGNATURE OF REQUESTOR _____

HQ USAFA/DFRR FAX NUMBER: (719) 333-6650