



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 |
|-----------------|----------|------------|
|-----------------|----------|------------|

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