



DEPARTMENT OF THE AIR FORCE
UNITED STATES AIR FORCE ACADEMY PREPARATORY SCHOOL
USAF ACADEMY COLORADO

DATE: _____

MEMORANDUM FOR USAFAPS (Registrar)

FROM: Former Preparatory School Cadet Candidate

SUBJECT: Transcript Request(s)

Name (while attending USAFA Prep School) _____

SSN ____ - ____ - _____ DOB(MM/DD/YYYY) ____ / ____ / ____

Prep School Graduation Year (if disenrolled, then the year you would have graduated) _____

Contact Information: Phone(____) _____ - _____ or email _____

Write the complete mailing address, fax number, or email address of where you want the transcript sent. Please print legibly.

1. _____

2. _____

3. _____

Signature (request must be signed to be processed)

Date

E-mail all requests to usafaprepinfo@afacademy.af.edu or fax to (719) 333-5288. There is a 3-5 business day processing time.