



Records Request

Date of Request: _____

PLEASE SELECT ONE OR MORE ITEMS FROM BELOW

Transcripts: Qty

Education Verification:

Paper Diplomas: Qty

Other:

Full Name while **in** Attendance (Last, First, Middle): _____

Date of **BIRTH**: _____

Class Year (or the year you **would have** Graduated): _____

Current Address: _____

City/State/Zip: _____

E-Mail Address: _____

Daytime Phone: _____

Military Status and Rank: _____

IF REPLACEMENT DIPLOMA REQUIRED

Name as it appears on your Diploma: _____

Exact Date of Graduation: _____

Exact Degree Received: _____

PLEASE SEND THE REQUESTED ITEM TO:

CHECK ONE OR BOTH METHODS OF DELIVERY

US Mail

Email

Name of Institution, Business or Individual: _____

Address: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Remarks or Special Instructions:

IN ORDER TO PROCESS YOUR REQUEST YOUR SIGNATURE IS MANDATORY

Electronic Signature

Only With an active DoD

Common Access Card (CAC):

or, If you **DO NOT** have a DoD Common Access Card (CAC) Print this document, sign it and email back to dfvr.customerservice@afacademy.af.edu, fax to (719) 333-6650 or mail to USAFA, Attn: Student Academic Affairs and Registrar, 2354 FAIRCHILD DR, SUITE 2G13, USAF ACADEMY, CO 80840-6210