



Transcript/Records Request

Date of Request _____

Please select one or more items from the services below

Transcripts Qty
 Replacement Paper Diplomas Qty
 Education Verification

Records
 Other

Full Name while in Attendance: (Last, First, Middle) _____ Date of Birth:

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

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Daytime Phone: _____

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: _____

Remarks or Special Instructions:

In order to process your request your signature is mandatory.

Electronic Signature:

or, if you DO NOT have a DoD Common Access Card (CAC)*

Hand Written Signature:

Important Instructions and Information

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

FAX requests to: (719)333-6650
FAX DSN: 333-6650
Email requests to:
dfr.customerservice@usafa.edu

Phone Number: (719)333-3970

Business Hours: 0730 to 1630 (MST/MDT), Monday through Friday

***The only approved electronic signature is with a DoD Common Access Card (CAC)**

RECORDS AND OTHER CADET INFORMATION

Requests for records, transcripts, and other cadet related information have no costs associated with them. Please provide all of the information below.

FULL NAME OF STUDENT (LAST, FIRST MIDDLE)
DATE OF BIRTH OF STUDENT
CLASS YEAR
WHAT IS BEING REQUESTED, SPECIFICALLY
WHERE TO SEND (can be faxed if five (5) pages or less)
DAYTIME TELEPHONE NUMBER (for questions)
BILLING ADDRESS (if applicable)
SIGNATURE

TRANSCRIPT REQUESTS

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.

DATE OF REQUEST
FULL NAME OF STUDENT (LAST, FIRST MIDDLE)
CLASS YEAR
DATE OF BIRTH
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

DIPLOMA REPLACEMENT REQUESTS

To request a replacement PAPER diploma please provide the following information.

FULL NAME OF STUDENT (as it appears on the diploma) Last, First, Middle
DATE OF BIRTH
CLASS YEAR
EXACT DATE OF GRADUATION
EXACT DEGREE RECEIVED
DAYTIME TELEPHONE NUMBER (for questions)
MAILING ADDRESS
SIGNATURE

Updated: 15 Oct 2015