

TRANSCRIPT REQUEST FORM

Note: Please print or type:

Please forward one copy of my Official Transcript of my credits earned at your school to:

**Community College of the Air Force
CCAF/DESS
100 S. Turner Blvd
Maxwell-Gunter AFB, AL 36114**

I have enclosed \$ _____ to cover the cost of the transcript.

The following information is submitted:

STUDENT NAME: _____

ADDRESS (Street or Box #): _____

CITY, STATE, ZIP CODE: _____

SSN or STUDENT ID #: _____ - _____ - _____

DOB: _____ **Date Last Attended This School:** _____

Former name(s) used while attending your school: _____

Please Check one:

Send transcript **now**.

Send transcript after grades have been posted.

(For Term ending: _____ For Course(s) _____)

STUDENT'S SIGNATURE: _____

NOTES: _____

AUTHORITY: Title 10, U.S.C. Chapter 3, Section 8012. PRINCIPLE PURPOSE: Used for college matriculation, for education purposes such as addition of credits toward the Community College of the Air Force (CCAF), to update individual's education level, and for counseling and advisement. SSN is used to make positive identification of the records. ROUTINE USES: Information will be used for academic reference purposes. Disclosure is voluntary. However, failure to divulge information will be used could result in the individual's not receiving the full range of available education services.

FOR OFFICIAL USE ONLY

FL-18 rev.20030306