

Request for Transcript

Date: _____

To: Office of the Registrar

(College or University)

(Street)

(City) (State) (Zip Code)

Please send one copy of my official transcript to:

U.S. Army War College
Office of the Registrar
122 Forbes Avenue
Carlisle, PA 17013-5216

I was enrolled from _____ to _____.

Name: _____

(Name under which I attended your institution, if different from above)

Social Security Number: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Signature: _____
(Date)

DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTH: 5 USC, EO 9397
PRINCIPAL PURPOSE: To obtain transcripts. ROUTINE USE: To identify student records.
DISCLOSURE: Voluntary, however, failure to provide the information could result in delay/inability to supply transcript.
