

OFFICIAL TRANSCRIPT REQUEST FORM

Because transcripts contain information subject to the Privacy Act of 1974, the requests must be **signed by the graduate**. Information contained on this form is protected by the Privacy Act of 1974. It is **mandatory** that the following transcript request form be used to ensure all required information is provided. **Your transcript request will be processed in the order it was received.** **Please allow five to six weeks to receive your transcript.**

The preferred method of submitting this form is to scan and email to: deomiss@us.af.mil

You can also print, sign and mail this form to:

Defense Equal Opportunity Management Institute

ATTN: Transcript Request/Student Services

366 Tuskegee Airmen Drive, Bldg 352

Patrick AFB FL 32925-3399

Phone (321) 494-4617/7543/5214/DSN 854

Student Information (Print Legibly):

First Name: _____ Last/Maiden Name: _____

SSN: _____ Comm Phone: _____ DSN Phone : _____

E-mail: _____ Class #: _____ Student #: _____

I _____ request official copy(s) of my transcript be forwarded to
(Student Signature Required)
the address(s) below:

Send Transcript(s) To (Print Legibly):

Name of University/Individual: _____

Street: _____ City: _____ State: _____ Zip: _____

Number of Transcripts: _____ *Multiple transcripts will be sent in the same envelope.*

Name of University/Individual: _____

Street: _____ City: _____ State: _____ Zip: _____

Number of Transcripts: _____ *Multiple transcripts will be sent in the same envelope.*

Name of University/Individual: _____

Street: _____ City: _____ State: _____ Zip: _____

Number of Transcripts: _____ *Multiple transcripts will be sent in the same envelope.*