Strength & Wisdom

USAWC Transcript Request Form

OFFICE OF THE REGISTRAR

U.S. Army War College Office of the Registrar Room: T033 651 Wright Avenue Carlisle, PA17013-5214



Student Verification & Contact Information I attended the U.S. Army War College (USAWC) and Graduated _____ (month/year) Students Name: SSN (last 4 digits): Phone Number: **Email Address:** Unofficial pdf Copy via Email (skip this section if you do not want an emailed pdf) We are not able to encrypt a pdf to a non .mil email address If encryption is not available, I give permission for USAWC to transmit unencrypted pdf: | Check box if Yes Email address requiring pdf file: Name of the recipient: Telephone number of recipient: **Official Mailed Transcript** (If more than one addressee, list other addresses on a separate sheet, attached to this form) Number of sealed Official hard copies requested: _____ Recipient's Name: **Business Name:** Street Address etc.: City or Locality: State: Zip or Postal Code: Country: Phone *if needed for address:* I authorize the Registrar, USAWC, to release information concerning my academic record in the form of a transcript. to the recipient(s) listed on this transcript request form either via email or mail.

This request must be faxed, emailed, mailed or personally dropped off in the registrar's office. Signature is mandatory. Fax: 717-245-3166

Email: usarmy.carlisle.awc.mbx.registrar@army.mil

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC, 3013, and EO 9397 PRINCIPLE 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.

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