

# 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 save 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.\*  
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Name of University/Individual: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Transcripts: \_\_\_\_\_ \*Multiple transcripts will be sent in the same envelope.\*  
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Name of University/Individual: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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