

National Center for Credibility Assessment
ATTN: Registrar's Office
7540 Pickens Avenue, Fort Jackson, SC 29207-6804

TRANSCRIPT REQUEST FORM

Please print or type the information.

Privacy Act Statement (5 USC 552a) Authority: 10 USC 3012

Information contained in this document is subject to the Privacy Act of 1974. Routine Use: Any information you provide is disclosed to members of the Department of Defense who have a need for the information in performance of duties. Any unauthorized disclosure or misuse of personal information may result in criminal and/or civil penalties.

Disclosure Mandatory or Voluntary: Disclosure is voluntary. However, failure to provide the information could result in a delay in processing your request.

Please complete all requested information to assist in processing your request. As a service to our students there is no charge for a transcript. ***No transcripts will be released without proper student signature.***

(NAME)	First	Middle Initial	Last
_____		_____	
(SOCIAL SECURITY NUMBER)		Dates of Enrollment	
Current Mailing Address (Home)		Daytime Telephone Number	
_____		_____	
(Street Address)			
_____		_____	
City	State	Zip Code	Date of Request

STUDENT'S SIGNATURE _____

MAIL TRANSCRIPT TO: (NAME AND ADDRESS)
_____ _____ _____ _____

Mail requests to the address listed above, or fax requests to (803)751-9137, ATTN: Registrar's Office. Although we accept faxed requests for transcripts we are unable to fax transcripts. Your official transcript will be mailed within three working days after being received. Please allow at least one or two weeks during peak periods.