

Transcript Request Format
(for AU courses, excluding CCAF and AFIT)

Privacy Act Statement: *Authority:* 10 U.S.C. 8013, Secretary of the Air Force; Powers and Duties. *Purpose:* Identify individuals seeking transcript for courses completed. *Routine Uses:* Can be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3). *Disclosure:* Voluntary, however, failure to provide requested information may result in not receiving requested transcript.

To request a transcript of courses or schools completed at Air University, provide the following information in the format below and mail or fax to:

Air University Registrar (AU/CFR)

60 Shumacher Ave

Maxwell AFB, AL 36112-6337

Fax: DSN 493-8127 or commercial 334-953-8127

Name (If your name has changed, include your name at time of attendance.)

Telephone Numbers for Home and Work

Home Address

Student ID/SSN

Course/School Completed

Method of Completion (resident or nonresident)

Date Course/School Completed (include month, year)

Address to which transcript should be mailed

Second address if applicable

Signature

Date

For further information e-mail AU/CFRR or call DSN 493-8128 or commercial 334-953-8128.