

Air University Transcript Request

For AU courses only; not for CCAF or 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.

Complete this form and mail to: Air University Registrar (AU/CFR)

60 Shumacher Ave

Maxwell AFB, AL 36112-6337

Or Fax to DSN 493-8127 or commercial 334-953-8127

Or e-mail to AU/CFRR at student.services@maxwell.af.mil

Student Name

(Include previous names, also): _____

Student Full SSN: _____

Phone Numbers: Work _____ Home _____

Email Address: _____

Course/School Completed: _____

Method of Completion (Circle One): Resident Nonresident

Date of Completion: Month _____ Year _____

Address to which transcript should be mailed:

Institution Name: _____

Attn: _____

Street: _____

City/State/Zip: _____

Second Address for additional transcript, if applicable:

Name: _____

Street: _____

City/State/Zip: _____

Pay Roll Signature: _____

Must have student signature on this form in order to release this information

Date: _____

*****Transcripts are sent by U.S. Mail only. We do not fax or email transcripts.*****