# Joint Special Operations University Transcript Request

**Privacy Act Statement:** AUTHORITY: 10 U.S.C. 167, "Unified Combatant Command for Special Operations Forces;" 10 U.S.C. 8013, Secretary of the Air Force, and E.O. 9397 (SSN), as amended. PURPOSE: Identify individuals seeking transcripts for courses completed. ROUTINE USES: May be released outside USSOCOM for those DoD "Blanket Routine Uses' published at the beginning of Air Force Directory 37-144, Air Force Privacy Act Systems of Records Notices. Disclosure is Voluntary, however, failure to provide requested information may result in not receiving requested transcript.

*Complete this form and mail to: Joint Special Operations University*
*Attn: JSOU-D/Registrar*
*7701 Tampa Point Blvd*
*MacDill AFB, FL 33621-5323*

*Or email to JSOU/Registrar at JSOUCourses@socom.mil*

**Student Name (Last, First, MI):** _____
**Student SSN (Last Four):** _____
**Phone:** Work (Commercial/DSN) _____ Cell _____
**Email Address:** _____
**Course/School Completed:** _____ _____
***If student has completed more than one course, indicate as "Multiple"***

**Method (Circle One)** ☐ Resident or ☐ Distance Learning

**Type:** ☐ Official ☐ Unofficial

**Date of Completion:** **mm/dd/yyyy** _____

**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: _____

**Student Signature:** _____ **DATE:** _____
***Must have student signature on this form in order to release this information***

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**FOR REGISTRAR USE ONLY:**

| Course | Iteration | Date | Grade |
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