## **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 email to: jsouadmissions@socom.mil

\*\*\*Transcripts may take 2-3 weeks for processing.\*\*\*

Student Name (Last, First	t, MI):			
<b>Student SSN (Last Four):</b>				
Phone: Work (Commercial/DSN)		Cell		
Email Address:				
Course/School Completed	l:			
**If student has completed	more than one course	e, indicate as "Multiple"	**	
Method (Circle One)	Resident or	Distance Learning	Type:	
Date of Completion: mm/dd/yyyy			Official	Unofficial
Address to which transcri				
	_			
<b>^</b>				
Straat:				
City/State/Zip:				
Second Address for additi	ional transcript, if a	pplicable:		
Name:				
Street:				
City/State/Zip:				
Student Signature:		DAT	E:	
**Must have student signa	ture on this form in o	order to release this info	rmation**	
FOR REGISTRAR US	E ONLY:			
Course	Iteration	Date	Grade	