



DOCUMENT REQUEST FORM



LAST NAME*

FIRST NAME*

MIDDLE NAME OR INITIAL

LAST 4 OF SSN*

COUNTRY

AKA/MAIDEN NAME

EMAIL*

PHONE*

WHAT ARE YOU REQUESTING?

TRANSCRIPTS

DIPLOMA/DEGREE REPRINTS

NOTE ON TRANSCRIPTS: ANY COPY SENT TO YOU, THE STUDENT, VIA EMAIL IS CONSIDERED **UNOFFICIAL**, WHICH MEANS IT CANNOT BE USED FOR OFFICIALLY TRANSFERRING CREDITS. YOU, THE STUDENT, MAY REQUEST OFFICIAL PAPER COPIES BE MAILED DIRECTLY TO YOU. HOWEVER, KEEP IN MIND THAT ONCE THE ENVELOPE SEAL IS BROKEN, IT BECOMES AN **UNOFFICIAL** TRANSCRIPT. IF YOU NEED AN **OFFICIAL** COPY SENT TO AN INSTITUTION, IT MAY BE SENT VIA EMAIL OR REGULAR MAIL. FOR ALL REQUESTS TO SEND TRANSCRIPTS VIA EMAIL, YOUR **SSN/ID#** WILL BE REDACTED FOR SECURITY PURPOSES. IF YOU NEED YOUR TRANSCRIPTS TO UPLOAD TO IPERMS/IPPS-A, PLEASE PROVIDE THE NAME AND EMAIL OR MAILING ADDRESS OF YOUR S-1 OR HR PERSONNEL.

NOTE ON DIPLOMA/DEGREE REPRINTS: ALL REPRINTED DIPLOMAS AND/OR DEGREES WILL BE PRINTED WITH THE NAME OF THE STUDENT AT THE TIME OF GRADUATION. IF YOU WISH TO ENSURE ACCENT MARKS ARE INCLUDED, PLEASE ENTER YOUR NAME WITH THE ACCENT MARKS IN THE **COMMENTS** SECTION BELOW. ADDITIONALLY, JUSTIFICATION **MUST** BE PROVIDED FOR REPRINTING DIPLOMAS AND/OR DEGREES. PLEASE ENTER YOUR JUSTIFICATIONS IN THE **COMMENTS** SECTION BELOW.

IF YOU HAVE QUESTIONS, PLEASE EMAIL THE **CGSC REGISTRAR'S OFFICE** AT:

USARMY.LEAVENWORTH.CAC.MBX.ARMYU-CGSC-REGISTRAR@ARMY.MIL

COURSE DETAILS FOR REQUESTED DOCUMENTS:

<input type="checkbox"/> YOU MUST CHECK THE BOX TO THE LEFT OF THE PROGRAM YOU ARE REQUESTING	COURSE	METHOD & LOCATION (DISTANCE, SATELLITE, ETC.)	GRADUATION/ END DATE (M/D/YYYY)	TRANSCRIPTS		DIPLOMA/ DEGREE
				OFFICIAL/ UNOFFICIAL	EMAIL/ PAPER	
<input type="checkbox"/>	CGSOC/ILE – COMMON CORE ONLY					
<input type="checkbox"/>	CGSOC/ILE – AOC ONLY					
<input type="checkbox"/>	CGSOC/ILE (10-MO IN RESIDENCY)					
<input type="checkbox"/>	SAMS					
<input type="checkbox"/>	SGM-A					
<input type="checkbox"/>	WHINSEC					
<input type="checkbox"/>	OTHER					

ADDRESS (STUDENT'S POSTAL ADDRESS WHERE TO MAIL THE TRANSCRIPT/DIPLOMA)

To: _____
 Add#1: _____
 Add#2: _____
 City: _____ ST: _____ ZIP: _____

ADDRESS (POSTAL ADDRESS WHERE TO MAIL THE TRANSCRIPT)

COLLEGE: _____
 ATTN: _____
 Add#1: _____
 Add#2: _____
 City: _____ ST: _____ ZIP: _____

RECIPIENT'S EMAIL

NOTE: IF PROVIDING AN EMAIL ADDRESS, BY SIGNING BELOW, YOU CONSENT TO HAVING YOUR SSN/DOID# REDACTED AND TO HAVING YOUR TRANSCRIPTS SENT VIA EMAIL. IF THE EMAIL ADDRESS PROVIDED DOES NOT ACCEPT ENCRYPTED EMAIL, BY SIGNING BELOW, YOU UNDERSTAND AND ACKNOWLEDGE THE POTENTIAL PRIVACY ACT SECURITY RISK.

COMMENTS (ADDITIONAL INFORMATION THAT MAY BE NEEDED)

SIGNATURE* (BY SIGNING THIS REQUEST, YOU ARE DECLARING UNDER PENALTY OF PERJURY YOU ARE THE STUDENT NAMED ABOVE, AND THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF YOUR KNOWLEDGE)