

# USAWC Transcript Request Form

**OFFICE OF THE REGISTRAR**  
U.S. Army War College  
Office of the Registrar  
Room: T033  
651 Wright Avenue  
Carlisle, PA17013-5214



## Student Verification & Contact Information

I attended the U.S. Army War College (USAWC) and Graduated \_\_\_\_\_ (month/year)

Students Name: \_\_\_\_\_

SSN (last 4 digits): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Unofficial pdf Copy via Email *(skip this section if you do not want an emailed pdf)*

***We are not able to encrypt a pdf to a non .mil email address***

If encryption is not available, I give permission for USAWC to transmit unencrypted pdf:  **Check box if Yes**

Email address requiring pdf file: \_\_\_\_\_

Name of the recipient: \_\_\_\_\_

Telephone number of recipient: \_\_\_\_\_

## Official Mailed Transcript

*(If more than one addressee, list other addresses on a separate sheet, attached to this form)*

Number of sealed Official hard copies requested: \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address etc.: \_\_\_\_\_

City or Locality: \_\_\_\_\_

State: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone *if needed for address*: \_\_\_\_\_

*I authorize the Registrar, USAWC, to release information concerning my academic record in the form of a transcript to the recipient(s) listed on this transcript request form either via email or mail.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**This request must be faxed, emailed, mailed or personally dropped off in the registrar's office. Signature is mandatory.**

**Fax: 571-821-7991**

**Email: usarmy.carlisle.awc.mbx.registrar@army.mil**

**There is no Fee**

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC, 3013, and EO 9397

**PRINCIPLE PURPOSE:** To obtain transcripts.

**ROUTINE USE:** To identify student records.

**DISCLOSURE:** Voluntary, however, failure to provide the information could result in delay/inability to supply transcript.