

## Graduate School of Engineering & Management Transcript Request Form

**PRIVACY ACT STATEMENT:** The following information is provided as required by the Privacy Act of 1974 authorized by 10 USC 8012.

In order to process this application, we must ask for a Social Security Account Number if you are a US Citizen. Even though not required, it will help in expediting this application; however, failure to provide the information will result in the designated agency not receiving transcripts as requested by the student.

AFIT/ENER  
2950 Hobson Way  
WPAFB, OH 45433-7765  
ATTN: Registrar's Office

Telephone: Comm (937) 255-6234 DSN 785-6234  
Fax: Comm (937) 255-2791 DSN 785-2791  
Email: [registrar@afit.edu](mailto:registrar@afit.edu)

**Complete and return to the above address. If not filling out this form on-line, please make sure that you print legibly.**

**Official Copy (Institute Use Only) (No Charge)**

**Student Copy (No Charge)**

### 1. Personal Information

First Name	Last Name	Middle Name/ Initial	Maiden Name or Other Name(s)
SSN or Student ID #	Daytime Phone Number	Date Of Birth	Email Address

### 2. Permanent Address

Address	Address 2	City	State	Zip
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### 3. Current Status

Are you currently enrolled?		If no, please indicate approximate dates of attendance		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Semester	Year	
Hold for Degree Posting?		Degree(s) Earned/Program Enrolled		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Master of Science <input type="checkbox"/>	PhD <input type="checkbox"/>	Certificate <input type="checkbox"/>

### 4. Mailed Transcript Information

Number of transcripts being mailed to the address below:

Name	Address	City	State	Zip
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*Note: Student is responsible for the correct address. Transcript(s) will be mailed to the address indicated above.*

### 5. Faxed Transcript Information (Only complete if requesting a FAX transfer)

Number of transcript(s) to be FAXed to the number below.

Fax Number:	Send Fax Attention:
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### 6. Brief Student Comments

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### 7. Signature and Date: Transcript request without signatures cannot be processed.

Student's Signature:	Date:
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