

# OFFICIAL TRANSCRIPT REQUEST FORM

Because transcripts contain information subject to the Privacy Act of 1974, the requests must be **signed by the graduate**. Information contained on this form is protected by the Privacy Act of 1974. Although not mandatory, it is recommended the following transcript request form be used to ensure all required information is provided. *Your transcript request will be processed in the order it was received. Please allow five to six weeks to receive your transcript.*

## Defense Equal Opportunity Management Institute

ATTN: Transcript Request/Student Services

366 Tuskegee Airmen Drive, Bldg 352

Patrick AFB FL 32925-3399

Phone (321) 494-4617/7543/5214/DSN 854

Fax (321) 494-5215/DSN 854 or scan and email to: [deomiss@us.af.mil](mailto:deomiss@us.af.mil)

### Student Information (Print Legibly):

First Name: \_\_\_\_\_ Last/Maiden Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Comm Phone: \_\_\_\_\_ DSN Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_ Class #: \_\_\_\_\_ Student #: \_\_\_\_\_

I \_\_\_\_\_ request official copy(s) of my transcript be forwarded to  
**(Student Signature Required)**  
the address(s) below:

### Send Transcript(s) To (Print Legibly):

Name of University/Individual: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Transcripts: \_\_\_\_\_  
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Name of University/Individual: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Transcripts: \_\_\_\_\_  
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Name of University/Individual: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Transcripts: \_\_\_\_\_