USNA OFFICIAL TRANSCRIPT REQUEST

Privacy Act Statement:


PURPOSE: This form is used to request an official transcript from the United States Naval Academy.

ROUTINE USES: This form is used by the USNA registrar's office as a proof of identity and as authorization to release privacy protected information maintained by USNA to third parties.

DISCLOSURE: Voluntary; but, failure to provide the following information may result in USNA's inability to process your request.

SECTION I. REQUESTER INFORMATION

1. FULL NAME (First Middle Last):

2. DATE:

3. ALPHA NUMBER (if known):

4. CURRENT ADDRESS (home or USNA):

5. NAME WHILE ATTENDING USNA (if different from full name above):

6. ATTENDANCE STATUS:
   - [ ] Pending Separation
   - [ ] Presently Attending
   - [ ] Formerly Attended
   CLASS YEAR (or dates of attendance): [ ]

7. E-MAIL ADDRESS:

8. PHONE NUMBER:

SECTION II. TRANSCRIPT REQUEST INFORMATION

9. NUMBER OF COPIES REQUESTED (maximum of 5):

9a. Individually sealed with a signature across the seal?
   - [ ] Yes
   - [ ] No

10. ADDRESS TO SEND TRANSCRIPT TO (USPS MAIL ONLY):
    Will Pick Up At USNA: [ ]

SECTION III. DECLARATION AND COMMENTS

By signing block 12. below, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than $10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provision of 5 U.S.C. § 552a(1)(3) by a fine of not more than $5,000.

11. FULL NAME:

12. SIGNATURE:

13. DATE:

14. COMMENTS: