

FOR OFFICIAL USE ONLY PRIVACY SENSITIVE

Any misuse or unauthorized disclosure can result in both civil and criminal penalties.

UNITED STATES NAVAL ACADEMY
OFFICE OF THE REGISTRAR
589 MCNAIR ROAD
ANNAPOLIS MD 21402-5031

TRANSCRIPT REQUEST

NAME (Please print) _____ DATE _____

ALPHA NUMBER _____

___ SEPARATION PENDING ___ PRESENTLY ATTENDING ___ FORMERLY ATTENDED

HOME OR USNA ADDRESS _____

NO OF COPIES (Please indicate if you need them sealed in envelopes) _____

___ WILL PICK UP

SEND TO:

By signing below, I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE _____ DATE: _____

Privacy Act Statement: In compliance with the Privacy Act of 1974, please be informed that the information requested on this form is to be used only by the Office of the Registrar in locating your records.