

AIR UNIVERSITY TRANSCRIPT REQUEST

Officer and Civilian Use Only

****I authorize the release of my Air University academic record to the person or agency which I have specified below****

Signature required _____

Full SSN required:

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Last name: _____ First name: _____

MI/former names: _____ Rank/Grade: _____

Email address: _____

Phone number: () _____

Courses taken at Air University: _____

Mail to:

Person/agency: _____

Attn: _____

Address: _____

City/Base: _____ State: _____ Zip: _____

Mail to:

Person/agency: _____

Attn: _____

Address: _____

City/Base: _____ State: _____ Zip: _____

Submit this request through the AU Service Desk: <https://auservicedesk.af.edu>

****Please allow 5-10 duty days for the transcript to be mailed.***

****Air University does not provide electronic transcripts.***

Privacy Act Statement: Authority: 10 U.S.C. 8013, Secretary of the Air Force; Powers and Duties. Purpose: Identify individuals seeking transcript for courses completed. Routine Uses: Can be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C.

552a(b)(3). Disclosure: Voluntary, however, failure to provide requested information may result in not receiving requested transcript.