



METC Student Training Report Request Form

For students who attended METC from FY 2010 to present
 Complete this request form, scan, and e-mail to:
dha.jbsa.dha-metc.mbx.registrar@health.mil or FAX
 to: (210) 808-6334 OR DSN 420-6334

PRIVACY ACT INFORMATION - PLEASE TYPE OR PRINT LEGIBLY IF FORM IS PRINTED FOR COMPLETION For Official Use Only - Privacy Sensitive Any unauthorized disclosure <i>may</i> result in both civil and criminal penalties.				
Last Name:		First Name:		MI:
Currently on Active Duty: YES NO	Rate / Rank	Branch of Service: (Check One) Army Air Force Other (Specify) Navy Coast Guard		
SSN: (Last FOUR of SSN only)	Date of Birth	Dates of Attendance: First Enrolled: Last Enrolled:		
Work Phone:	Alternate Phone:		E-Mail:	
Do you want a Personal Copy? YES NO	PROVIDE FULL MAILING ADDRESS:			
	STREET ADDRESS:			
	CITY, STATE:			
ZIP CODE:				
SEND OFFICIAL STUDENT TRAINING REPORT TO THE FOLLOWING EDUCATIONAL INSTITUTION: NO ABBREVIATIONS PLEASE				
Name of Educational Institution:				
Address:				
City, State:				
Zip Code:				
DATA REQUIRED BY PRIVACY ACT				
AUTHORITY:	10 USC, Section 4302			
PRINCIPAL PURPOSES:	To enable METC to access files, retrieve data, and produce a student training report for forwarding to educational institutions designated by the			
DISCLOSURE:	Voluntary - Failure to provide required information will complicate, delay, and/or prevent administrative actions needed to produce the student training report and forward it to the desired educational institution(s).			
ELIGIBLE:	1. Active Duty, Reserve and Guard Army/ Navy/ Air Force and Coast Guard Students. 2. Veterans who attended METC			
SIGNATURE: **NOTE: Must have signature to process. Digital signatures are accepted.				DATE: