



METC Transcript Request Form

Complete the form, scan and e-mail to:

osd.jbsa.metc.mbx.registrar@mail.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 TRANSCRIPT 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 transcript for forwarding to educational institutions designated by the individual(s)			
DISCLOSURE:	Voluntary - Failure to provide required information will complicate, delay, and/or prevent administrative actions needed to produce the Transcript and forward it to the desired educational institution(s).			
ELIGIBLE:	1. Active Duty, Reserve and Guard Army/ Navy/ Air Force/ Coast Guard 2. Veterans who attended METC			
Signature:				DATE:
(NOTE: Must have signature to process. Digital Signature accepted for online submission.)				