



# METC Student Training Report Request Form

Complete this request form, scan, and e-mail to:

*dha.jbsa.dha-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<br>For Official Use Only - Privacy Sensitive<br>Any unauthorized disclosure <i>may</i> result in both civil and criminal penalties. |   |   |     |
|--|---|---|-----|
| Last Name:   |   | First Name:   | MI: |
| Currently on Active Duty:<br>YES      NO   | Rate / Rank   | Branch of Service: (Check One)<br>Army      Air Force      Other (Specify)<br>Navy      Coast Guard |     |
| SSN: (Last FOUR of SSN only)   | Date of Birth   | Dates of Attendance:<br>First Enrolled:                      Last Enrolled:                         |     |
| Work Phone:  | Alternate Phone:  | E-Mail:   |     |
| Do you want a Personal Copy?<br>YES      NO  | PROVIDE FULL MAILING ADDRESS:   |   |     |
|  | STREET ADDRESS:   |   |     |
|  | CITY, STATE:  |   |     |
| ZIP CODE:  |   |   |     |
| SEND OFFICIAL STUDENT TRAINING REPORT TO THE FOLLOWING EDUCATIONAL INSTITUTION:<br><b>NO ABBREVIATIONS PLEASE</b>  |   |   |     |
| 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.<br>2. Veterans who attended METC  |   |     |
| SIGNATURE:<br><b>**NOTE: Must have signature to process. Digital signatures accepted for online submission.</b>  |   | DATE:   |     |