



METC Student Training Report Request Form

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:			DATE:
**NOTE: Must have signature to process. Digital signatures accepted for online submission.			