



Community College of the Air Force (CCAF) Transcript Request

For CCAF courses only; not for AU or AFIT

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 U.S.C 552a(b)(3). Disclosure: voluntary, however, failure to provide all information may result in not receiving requested transcript.

Complete this letter and submit by mail to: CCAF/DESS
100 S. Turner Blvd
Maxwell-Gunter AFB, AL 36114

Student Name

(Include previous names, also): _____

Student Full SSN: _____ **Student DOB:** _____

Phone Numbers: Work _____ Home/Cell _____

Email Address: _____

Address to which transcript should be mailed:

Institution Name: _____

Attn: _____

Street: _____

City / State / Zip: _____

Second address for additional transcript, if applicable:

Institution Name: _____

Attn: _____

Street: _____

City / State / Zip: _____

Payroll Signature: _____

*** Must have student signature on this request in order to release this information ***

Date: _____

*** Transcripts are sent by U.S. Mail only. We do not fax or email transcripts. ***