Joint Special Operations University Transcript Request

Privacy Act Statement: AUTHORITY: 10 U.S.C. 167, "Unified Combatant Command for Special Operations Forces;" 10 U.S.C. 8013, Secretary of the Air Force, and E.O. 9397 (SSN), as amended. PURPOSE: Identify individuals seeking transcripts for courses completed. ROUTINE USES: May be released outside USSOCOM for those DoD "Blanket Routine Uses' published at the beginning of Air Force Directory 37-144, Air Force Privacy Act Systems of Records Notices. Disclosure is Voluntary, however, failure to provide requested information may result in not receiving requested transcript.

Complete this form and mail to: Joint Special Operations University
Attn: JSOU-D/Registrar
7701 Tampa Point Blvd
MacDill AFB, FL 33621-5323

Transcripts may take 4-6 weeks for processing.

Or email to JSOU/Registrar at JSOUCourses@socom.mil

Student Name (Last, First, MI): _____

Student SSN (Last Four): _____

Phone: Work (Commercial/DSN) _____ Cell _____

Email Address: _____

Course/School Completed: _____ _____

If student has completed more than one course, indicate as "Multiple"

Method (Circle One) ☐ Resident or ☐ Distance Learning

Type: ☐ Official ☐ Unofficial

Date of Completion: **mm/dd/yyyy** _____

Address to which transcript should be mailed:

Institution Name: _____

Attn: _____

Street: _____

City/State/Zip: _____

Second Address for additional transcript, if applicable:

Name: _____

Street: _____

City/State/Zip: _____

Student Signature: _____ **DATE:** _____

Must have student signature on this form in order to release this information

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FOR REGISTRAR USE ONLY:

Course	Iteration	Date	Grade