

U.S. Department of Defense
Education Activity



TRANSCRIPT REQUEST

Full Name (Enrolled at Time of Attendance)

Date of Birth

Name of DoDEA or Panama Canal Zone School Attended (Country if Outside of U.S.)

Home Phone

Work Phone

Email address

Graduation Date

Month/Year of Enrollment (If not Graduated)

OFFICIAL REQUEST EMAIL ADDRESS

Note: Please ONLY provide email address. The Records Center is unable to mail transcripts due to COVID-19 work requirements.

Name

Secondary Request Name

Organization/Title

Organization/Title

Email Address

Secondary Email Address

AUTHORIZATION

I give DoDEA permission to release my child's transcripts pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a).

Parent's/Guardian's Signature (if Student is under 18)

Date

I authorize DoDEA to release my transcripts for verification purposes pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a).

Print Name

Student Signature

Date

Email requests to: transcripts@hq.dodea.edu