



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 MAILING ADDRESS

Name

Secondary Request Name

Address 1

Address 1

Address 2

Address 2

City, ST ZIP Code

City, ST ZIP Code

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

Fax requests to: (571) 372-5822

Please mail requests to: DoDEA Headquarters

Attn: Transcripts

4800 Mark Center Drive

Alexandria, VA 22350-1400