

Today's date \_\_\_\_\_

## TRANSCRIPT REQUEST FORM

\_\_\_\_\_  
Last Name                      First                      M. I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Name/Names your records might be under

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Current Address

**I authorize release of my transcripts:**

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
**(Signature of Student Required)**

\_\_\_\_\_  
Phone Number(s)

Please mail my transcripts to:

\_\_\_\_\_  
Date/Class Attended  
(Example: CP12 09-01)

\_\_\_\_\_  
Name or Name of Institution

\_\_\_\_\_  
Address

**Complete and Return to:**  
FCR Cell - Office of the Registrar  
U.S. Army Combat Readiness/Safety Center  
Bldg 4905 5<sup>th</sup> Ave  
Fort Rucker, AL 36362  
Fax: (334) 255-3580  
cheryl.l.mccray.civ@mail.mil

\_\_\_\_\_  
Address cont/Attention of

\_\_\_\_\_  
City/State/Postal Code

**Requests must be made 30 days in advance.**

**For USACRC Use Only:**

**Date Mailed:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

*Please use a separate form for each request*