



**Official Transcript Request**  
Office of the Dean  
Academic Affairs and Registrar Services (MADN-ARS)  
ATTN: Graduate Records  
United States Military Academy  
Official Mail & Distribution Center  
646 Swift Road  
West Point, New York 10996-1905

PLEASE PRINT CLEARLY

Date \_\_\_\_\_

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**Last Name**                      **First Name**                      **Middle Initial**                      **Maiden/Former Name if applicable**

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**Street**    **City**                      **State**                      **Zip**                      **Telephone Number**

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**Social Security Number**    **Graduation Class Year or Years Attended**

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**CHECK ALL THAT APPLY**

- Enrollment Verification (*Active Cadets Only*)
- Mail to your above address
- Mail to the address(es) listed below
- TO BE PICKED UP IN AARS

- Official (signed & sealed)
- Unofficial (for your record/use)
- Hold for final grades

1<sup>st</sup> ADDRESS (# of Transcripts) \_\_\_\_\_

3<sup>rd</sup> ADDRESS (# of Transcripts) \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Zip Code \_\_\_\_\_

2nd ADDRESS (# of Transcripts) \_\_\_\_\_

4<sup>th</sup> ADDRESS (# of Transcripts) \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Zip Code \_\_\_\_\_

TOTAL NUMBER OF TRANSCRIPTS ORDERED \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_