



ACADEMIC RECORD REQUEST FORM

The Registrar's Office will not release academic information to third parties and outside organizations without authorization from cadets/graduates. Cadets/Graduates should email this form to registrar@uscga.edu or fax forms to 540-317-7817. For inquiries or assistance, please contact the Registrar's Office at 860-444-8214.

Name: _____ Class Year: _____

Birth Name (if different from above): _____

Email or Phone (in case of questions): _____

Signature: _____ Date: _____

(If using digital signatures, only a DoD/.mil certificate will be accepted)

Check the box for the type of request:

Official Transcript Options: Hold for final grades Hold until Degree is posted

Enrollment Verification (for current cadets only – information released will be name, status, academic standing, term(s) of attendance, anticipated graduation)

Degree Verification (for degree recipients – information released will be name, sworn in date, degree earned, graduation date)

Address 1: (Number of copies _____)

Address 2: (Number of copies _____)

Send to: Name of Organization or Individual

Send to: Name of Organization or Individual

Address Line 1

Address Line 1

Address Line 2

Address Line 2

City State Zip Code

City State Zip Code

To be used for Enrollment Verification/Degree Verification only. Transcripts are mailed.

Send to email address: _____

Send to email address: _____

For Registrar's Office Use Only

Date received: _____ Entered by: _____ Date: _____