

Defense Information School ATTN: Academic Records Branch 6500 Mapes Rd. Fort George G. Meade, MD 20755-5000 Phone: 301.677.4648, DSN: 622-4648 Fax: 301.677.4290, DSN: 622-4290 Email: dma.meade.dinfos.list.rqmo@mail.mil		Transcripts Release Request			
		Date subject to the Privacy Act of 1974 . Authority for this form is Title 10 USC 3012(g), which states: "The Secretary may prescribe regulations to carry out his function, power and duties under the title." Disclosure of information is voluntary. Nondisclosure may prevent us from sending your transcripts.			
PART I – PERSONAL DATA Fields A-L, must be completed to process your transcript request.					
a. Last Name		b. First Name		c. Middle Int.	d. Rank
e. Maiden or Former name (if applicable)		f. Birth Date	Day	Month	Year
g. Social Security Number					
h. Address					
i. City		j. State		k. Zip Code	
l. Day Phone	m. Evening Phone (Optional)	n. Home Email (Optional)		o. Work Email (Optional)	
PART II – DINFOS COURSE INFORMATION Provide information for all course requiring transcripts					
	Name of Course	Class#	Class Yr	Graduated Month	Year
i.e.	Public Affairs Qualification Course – PAQC	030	2015	01	2015
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
PART III – COLLEGE INFORMATION Official transcript will be sent to the college listed below. Fields A-F must be completed to process your transcript request.					
a. College Name					
b. Address					
c. City		d. State		e. Zip Code	
f. Day Phone	g. Evening Phone (Optional)	h. Home Email (Optional)		i. Work Email (Optional)	
PART IV – STUDENT CERTIFICATION I authorize the registrar at the Defense Information School to release information concerning my academic records (course and dates attended). Signature required.					
a. Signature				b. Date	
*** FOR OFFICE USE ONLY***					
Office Control Number		Date Received (MM/DD/YY)		Time received:	
				Hour:	Min:
Received via: (Circle one)		Transcript Mailed: (MM/DD/YY)		Processed by:	
Mail/Fax/Counter					