

 **The UNIVERSITY of OKLAHOMA**  
**Health Sciences Center**

1105 N. Stonewall Ave., LIB 121  
Oklahoma City, OK 73117-1221  
TELEPHONE 405-271-2359  
FAX 405-271-2480

**REQUEST FOR MILITARY TRANSCRIPT**

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**Student's Full Legal Name and Address**  
(Please Include *All Possible* Last Names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ID Number**

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**AND**  
**Social Security Number**

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**Date of Birth** **REQUIRED**

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**MONTH**

**DAY**

**YEAR**

**BASIC ACTIVE SERVICE DATE**

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**Month**

**YEAR**

**CONTACT PHONE:**

\_\_\_\_\_

**CONTACT E-MAIL:**

\_\_\_\_\_

I hereby authorize the University of Oklahoma Health Sciences Center to obtain my military transcript. By my signature, I attest OUHSC will not release my transcript without my signed approval.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC, SECTION 4302

**PRINCIPAL PURPOSES:** To enable OUHSC to access Joint Services Transcript's computerized files, retrieve data, and produce a transcript as designated by the individual.

**DISCLOSURE:** Voluntary. Failure to provide required information will complicate, delay, and/or prevent administrative actions needed to produce the transcript.