

 **The UNIVERSITY of OKLAHOMA**
Health Sciences Center

941 Stanton L. Young Boulevard, BSE 200
Oklahoma City, OK 73104
TELEPHONE 405-271-2359
FAX 405-271-2480

REQUEST FOR MILITARY TRANSCRIPT

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.