

DEPARTMENT OF  
HOMELAND SECURITY  
U.S. COAST GUARD  
INSTITUTE (05/99)  
CGI 1560/09  
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# Official USCG Transcript Request

**SSN:**

**Full Name:**

Last Name

First Name

MI

**Rate/Rank:**

(e.g. SN, LTJG)

**Applicant Mailing Address:**

**Work Phone Number:**

Please send my official USCG Transcript documenting my military learning experiences to the address listed below. I understand that an unofficial Student Copy of the transcript will be provided to me at the above address. ***I understand that if documentation is not provided the course will not appear on my transcript.*** If there are any questions, please contact me at the phone number above.

In accordance with the Privacy Act, 5 USC Section 552, Family Education and Privacy Act of 1973, the applicant grants permission for the USCG Institute to provide personal and education information to partnership institutions to aid in degree completion. Personal information shall not be given to other institutions or to a third party without the applicant's written permission. ALDIST 102/94 authorizes the Institute to collect this information. The Institute will maintain the information in order to officially transcript applicant's military learning experiences. ***Failure to provide the requested information may adversely affect the college credit recommendations received by the applicant.*** My signature certifies that the foregoing information is true and accurate.

**MEMBER'S SIGNATURE (REQUIRED)**

**DATE (ddmmmyyy)**

**Mail Official Transcript to:**

ATTN:

University / College Name:

(Do Not Use Acronyms)

Street Address:

Street Address:

City, State, Zip:

**Mail this Form to:**

Commanding Officer (ve)  
USCG Institute  
5900 SW 64<sup>th</sup> St, Rm 228  
Oklahoma City, OK 73169-6999