



Army and Navy Academy Request for Records

1.

Student Information

(please print)

Last _____ First _____ Middle _____

Date of Birth: _____ Dates of Attendance: _____

2.

Records Requested

Check all that apply

Transcripts

Cumulative "Cume" File

Discipline Record

Health Record

3.

Applicant Information

(please print)

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Mailing Address (if different from above) _____

4.

Applicant's Relationship to Student

I am (check one):

- The person named (as indicated in item 1) and that I am at least 18 years of age.
- The parent or legal guardian of the person named in item 1.
- A party entitled to receive the record(s) as a result of a court order (Court order # _____ State _____).
- A member of a law enforcement or government agency, as provided by law, who is conducting official business.
- An attorney representing the person named in item 1 or a person or agency empowered by statute or appointed by a court to act on behalf of the person named in item 1.

5.

Applicant's Statement Under Penalty of Perjury

I, _____, swear under penalty of perjury under the laws of the State of California, that I am a person authorized (as indicated in item 4) to receive a copy of the records requested in item 2.

Executed (signed) on (date) _____ at (City and State) _____

(Signature) _____ (Witness) _____