



Army and Navy Academy Request for Transcripts

1.

Student Information

(please print)

Last _____ First _____ Middle _____

Date of Birth: _____ Date of Graduation/Attendance: _____

2.

Applicant Information

(please print)

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

3.

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.

4.

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 3) to receive a copy of the student transcripts.

Executed on (date) _____ (Signature) _____

5.

Transcript Mailing

Mail Transcripts to: Applicant (as indicated in item 2) Other (see below)

Include SAT Scores on Transcript (please initial) _____

Name or Organization _____ Attn: _____

Address _____ City _____ State _____ Zip _____

Return or fax form to the Academic Office (fax 760-434-1890)