

AARTS TRANSCRIPT REQUEST FORM



If you have printing capability, please complete the fillable form below. If you cannot print this form, **PLEASE TYPE OR PRINT PLAINLY IN CAPITAL LETTERS ALL THE REQUESTED INFORMATION BELOW ON A SHEET OF PAPER.** Please **SIGN**, and mail or fax to:

AARTS Operations Center
298 Grant Avenue
Ft. Leavenworth, KS 66027-1254
FAX: 913-684-9497(9499)

NOTE: Personal copies of transcripts are available for download from <https://jst.doded.mil>.
AARTS will **NOT** mail personal copies of transcripts to Soldiers or Veterans!



NAME: LAST FIRST MI

SSN BASD (MM/YYYY)

CURRENT STATUS (PLEASE CHECK ONE):

Regular Army Army National Guard Army Reserve Veteran

NAME AND ADDRESS OF COLLEGE

Dept/Attn
College/Business Name
Address
Address
City State Zip

YOUR DAYTIME PHONE NUMBER OR EMAIL ADDRESS
(In case we need to contact you for more information)

YOUR SIGNATURE _____

PLEASE REMEMBER ----->>> YOUR SIGNATURE IS REQUIRED!