

MEMORANDUM FOR CCAF/DFRS
130 WEST MAXWELL BLVD
MAXWELL AFB, AL 36112-6613

FROM: COMMUNITY COLLEGE OF VERMONT

SUBJECT: Transcript Request

1. The following student is a prior AF member:

Name: _____

Former Name, if applicable: _____

SSN: _____

Student Signature: _____ *Date:* _____

2. We request an official transcript to be sent to the following address:

Student Records
CCV
Post Office Box 489
Montpelier, VT 05601-0486

3. We thank you, in advance, for your time.

Respectfully,

CCV Staff

(Request for *Community College of the Air Force* transcript)