

U. S. Department of Homeland Security
U.S. Coast Guard
CGI-1564B (REV 6/10)
Previous Editions Obsolete

Official USCG Transcript Request

Last Name	First Name	MI	EMPLID or last 4 digits of SSN	Unit OPFAC	Rate/Rank (e.g. SN, LT, GS-5)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Mailing Address

Street Address **Street Address**

City **State** **Zip**

Email <input type="text"/>	Work Phone Number <input type="text"/> OK to call work (spouse/reserves) <input type="radio"/> Yes <input type="radio"/> No	Home/Cell Phone Number <input type="text"/> Best time to call <input type="text"/>
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Check Current Status

Active Duty Retired/Separated* Reserve Spouse Civilian Employee

* Date Separated/Retired Grade/Rank (e.g. RMC, LT)

* If Retired or Separated attach legible copies of your USCG - DD214s for all periods of service.

Please send my official USCG Transcript documenting my military learning experiences to the address listed below. I understand that an unofficial copy of the transcript will be provided to me at the above address if I am separated or retired. *I understand that if documentation is not provided the course(s) will not appear on my transcript.* **I understand that there is a limit of 5 transcripts per request and 5 transcript requests per quarter.** In accordance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99 / Rev. July 1, 1997), 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) <input type="text"/>	Date <input type="text"/>
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Mail Official Transcript to:

ATTN: **University/College Name:**
(Do Not Use Acronyms)

Street Address **Street Address**

City **State** **Zip**

I am pursuing/enrolling in an Associate Bachelor degree program in (subject/major) at the SOCCOAST Institution listed above.

Check applicable program. If not applying for program, check None.

OCS ACET PPEP CSPI Other (Specify) None

Date of Selection Board **Application Deadline**

Mail this Form to: Commanding Officer (ve) USCG Institute 5900 SW 64th St, Rm 228 Oklahoma City, OK 73169-6991	Fax to: (405) 954-7249	Email to: CGI-PF-ed_transcripts@uscg.mil	Request can also be submitted through your ESO via TACCTS.
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