



**STUDENT REQUEST FORM**

Print Name (MAIDEN NAME, IF APPLICABLE) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Course Title you attended \_\_\_\_\_

Grad Date(s) Phase I \_\_\_\_\_ Phase II \_\_\_\_\_

What are you requesting (Verification Letter, Duplicate Certificate, Transcripts or Course Chart.) \_\_\_\_\_

Contact Number (DSN or Commercial) \_\_\_\_\_

I authorize release of this information to the addressee below.

Address to send information to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please allow 4 – 6 weeks for completion. Thank You.\*\***

[Sharon.tacker@sheppard.af.mil](mailto:Sharon.tacker@sheppard.af.mil)

**Faxes should be sent to:**  
882 TRSS/TSOE  
Attention: Sharon Tacker  
DSN: 736-4018  
Commercial: 940-676-4018

**Or Mailed to:**  
882 TRSS/TSOE  
Attention: Sharon Tacker  
939 Missile Road, Ste 1014  
Sheppard AFB TX 76311

DSN: 736-6640  
Commercial: 940-676-6640

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

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