

# REQUEST FOR ARMY/AMERICAN COUNCIL ON EDUCATION REGISTRY TRANSCRIPT

For use of this form, see AR 621-5; the proponent agency is ODCSPER.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 USC, Section 4302.

**ROUTINE USES:** Upon initiation of individual.

**PRINCIPAL PURPOSE(S):** To enable the Army/American Council on Education Registry Transcript System (AARTS) to access its computerized files, retrieve data, and produce a transcript for forwarding to individual or other addressee designated by the individual. Use of Social Security Number is necessary to make positive identification of individual and records.

**DISCLOSURE:** Voluntary. Failure to provide required information will complicate, delay, and/or prevent administrative actions needed to produce the transcript and forward it to desired addressee.

**ELIGIBLES:**

(1) ONLY Regular Army (RA) enlisted soldiers and veterans whose Basic Active Service Dates (BASD) fall on or after 1 October 1981.

(2) ONLY Army National Guard (ARNG) enlisted soldiers and veterans on active rolls as of 1 January 1993 whose Basic Pay Entry Dates (BPED) fall on or after 1 October 1981.

**MAIL TO** - AARTS Operation Center, Fort Leavenworth, KS 66027-5073  
**FAX TO** - AARTS Operation Center, Commercial (913) 684-2011 or Autovon (DSN) 552-2011

<b>1. SSN</b>  <b>000-00-0000</b>		<b>2. NAME (Last, First, MI) (List in parentheses other names used)</b>  <b>DOE, JOHN A.</b>	
<b>3. ENLISTED RANK</b>  <b>SGT</b>	<b>4. DATE OF BIRTH</b>  <b>07/10/73</b>	<b>5. SIGNATURE</b>  <b>SIGN HERE</b>	
<b>6. ENLISTED STATUS</b>		<b>7.a. ENLISTMENT DATE (BASD or BPED)</b>	<b>b. ETS DATE</b>
<input type="checkbox"/> ACTIVE <input type="checkbox"/> VETERAN <input checked="" type="checkbox"/> ARMY NATIONAL GUARD		<b>25 September 2001</b>	<b>25 SEP 07</b>

<b>8. FOR YOUR PERSONAL COPY/ARMY EDUCATION RECORD</b>	<b>9. FOR YOUR OFFICIAL COPY</b>
<b>a. SEND TO</b>  <b>SGT JOHN A. DOE</b>	<b>a. SEND TO (REGISTRAR, PERSONNEL OFFICER, OR EMPLOYER)</b>  <b>Registrar's Office</b>
<b>b. MAILING ADDRESS (Include ZIP Code + 4)</b>  <b>100 Main Street Apt. # 3 Anytown, MA 01000-0000</b>	<b>b. NAME OF COLLEGE, EMPLOYER, OR OTHER RECIPIENT</b>  <b>University of Massachusetts, Boston</b>
	<b>c. MAILING ADDRESS (Include ZIP Code + 4)</b>  <b>100 Morrissey Boulevard Boston, MA 02125-3393</b>

**10. FOR OFFICIAL USE ONLY**

**a. RESEARCH RECORD**

**LEAVE BLANK**

<b>b. CROSS REF ID #</b>		<b>c. DATA ENTRY</b>		
	<b>INITIATOR</b>	<b>ID #</b>	<b>FICE CODE</b>	<b>ID #</b>
A	<b>LEAVE BLANK</b>	<b>LEAVE BLANK</b>	C	<b>LEAVE BLANK</b>
S			O	