

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

| | |
|-------------------------|---|
| 1. SSN | 2. NAME (Last, First, MI) (List in parentheses other names used) |
| 3. ENLISTED RANK | 4. DATE OF BIRTH |
| 5. SIGNATURE | |

| | | |
|--|--|--------------------|
| 6. ENLISTED STATUS | 7.a. ENLISTMENT DATE (BASD or BPED) | b. ETS DATE |
| <input type="checkbox"/> ACTIVE <input type="checkbox"/> VETERAN <input type="checkbox"/> ARMY NATIONAL GUARD | <div style="background-color: #e0e0e0; width: 100px; height: 20px; margin: 0 auto;"></div> | |

| | |
|--|---|
| 8. FOR YOUR PERSONAL COPY/ARMY EDUCATION RECORD | 9. FOR YOUR OFFICIAL COPY |
| a. SEND TO | a. SEND TO (REGISTRAR, PERSONNEL OFFICER, OR EMPLOYER) |
| b. MAILING ADDRESS (Include ZIP Code + 4) | b. NAME OF COLLEGE, EMPLOYER, OR OTHER RECIPIENT |
| | c. MAILING ADDRESS (Include ZIP Code + 4) |

10. FOR OFFICIAL USE ONLY

a. RESEARCH RECORD

| | | | |
|--------------------------|-------------|----------------------|-------------|
| b. CROSS REF ID # | | c. DATA ENTRY | |
| INITIATOR | ID # | FACE CODE | ID # |
| A | | C | |
| S | | O | |