DEPARTMENT OF THE AIR FORCE

AIR FORCE RESEARCH LABORATORY
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433

Training Verification Request Form - Registrar, Wright-Patterson AFB

MEMORANDUM FOR: USAFSAM / EDM

Date: _____

FROM:

Requestor: _____
Address: _____
City/St Zip: _____
DSN No: _____
Com No: _____
Fax No: _____

Return Preference

Emailed

SUBJECT: Request to Verify Course Completion

1. Request verification of course completion for the following student and course: The information provided on this form is protected under the Privacy Act of 1974 (5 U.S.C. 552a), as amended, and is For Official Use Only (FOUO).

Student Name: _____
Student SSAN: _____
Course Title: _____
Course Location: _____
Class Start/Grad Date: _____

Items Requested

Certificate- ☐
Transcript- ☐
Verification- ☐

I authorize release of this information to the addressee below:

_____
Signature of Former Student / Date

2. Please include name and address of individual or institution verification is to be sent to:

TO: _____
_____
_____

FROM: USAFSAM / EDM Registrar
2510 Fifth Street, Area B, Bldg 20840, Rm W423
Wright-Patterson AFB OH 45433
Com No.: 937-938-2811 (DSN: 798-2811) Fax No.: 937-904-6306

SUBJECT: Verification of Course Completion

_____ The student identified above completed the described course as indicated.
_____ Completion of the above course cannot be verified because _____

_____ _____
Signature & Rank of Certifying Official Date

This document may contain (FOUO) and/or Privacy Act Information which must be protected or removed prior to further disclosure.