



Last Name

First Name

Middle Name or Initial

NOC Student ID Number

Last 4 digits of SSN

Month & Year you entered
active duty

Street Address or PO Box

Apt. or
Ste.Number

City

State

Zip Code

Contact Telephone Number

Email Address

I Hereby authorize Northern Oklahoma College to obtain my military transcript on my behalf. By my signature, I attest NOC will not release my signature without my signed approval.

Student Signature

Today's Date

Data required by the Privacy Act of 1974

Authority: 10 USC, Section 4302

Principal Purposes: To enable NOC to access Department of Defense Joint Services Transcript's computerized files, or Community College of the Air Force's official transcripts, as designated by the individual.

Disclosure: Voluntary. Failure to provide required information could complicate, delay, and/or prevent administrative actions needed to produce the transcript.