



INTER-AMERICAN DEFENSE COLLEGE

Transcript Request Instructions

General Instructions: Complete the transcript request form with all applicable information. Print, fill, and sign the form manually, then send it via fax, or email as per instructions below. Illegible requests and/or forms with missing information will prevent or delay the processing of the request.

Processing of all transcript requests requires student signature authorizing the prescribed release of the academic transcript. Requests by persons other than the student will not be honored.

For all transcript requests, please allow up to **10 business days** for processing. Plan accordingly to allow sufficient time for the transcript to arrive at its destination. For faster service, sign the form and indicate the deadline for receiving the transcripts, attach the form and send by email.

Transcript Request Submission Process:

- Ensure to TYPE or PRINT CLEARLY all applicable information on the transcript request form and physically sign at the bottom.
- Unofficial transcripts may be faxed or emailed.

Email:

- Attach your completed form and email it to the College Registrar's Office at IADC_registrar@iadc.edu

In-Person:

- Deliver the completed transcript request form to the Registrar's Office. Call or email the office to schedule an appointment.

Fax:

- Transcript Requests may be faxed to +1 (202) 370-0216 from outside the U.S.
- IADC Registrar Phone Number +1 (202) 370-0176 from outside the U.S.

Mail:

- Requests can take up to 3 weeks depending on when and where the request was mailed.
- Mail the completed transcript request form to the following address:

**INTER AMERICAN DEFENSE COLLEGE
ATTN: Registrar
210 B STREET SUITE 1
FORT MCNAIR DC 20319-5008**

IADC Academic Transcript Request Form

Complete Name:

Class Number:

Graduation Year:

Deadline Date:

Phone number:

Email address:

Preferred method of contact for any necessary follow-up (Check only one box below)

Phone:

Email:

I understand that the Inter-American Defense College (IADC) protects the confidentiality of my personal or student education records, and may only release these records to third parties with my written consent or as otherwise permitted by law. Intending to waive my right to confidentiality, I consent and direct the IADC Registrar to release my academic transcript to the following recipient indicated in this form.

Please indicate delivery preference:

* Pick up: Number of Copies:

* Please Mail: Number of Copies: to the following address:

Unofficial transcripts may be faxed or emailed.

Recipient:

Email Address:

Fax to:

Attention:

Phone Number:

I authorize the IADC to release my academic transcript as instructed on this form.

Signature _____ Date:

Click the Button to Print:

Special Note to Recipient of the Education Record:

Please be advised that the recipient of records under this authorization may not re-disclose information from education records without the prior written consent of the student or as permitted by law.