



DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

Sheppard AFB Registrar Verification Request Form

MEMORANDUM FOR: 82 TRW/TOR - Registrar
917 Missile Rd, Bldg 1917, Rm 1B102
Sheppard AFB TX 76311-2743
FAX: 940-676-5242 (DSN: 736-5242)
82TRW.Registrar@us.af.mil

Date: _____

Return Preference

FROM: Requestor: _____
Address: _____
City/St: _____
Zip/Apo: _____
DSN No: _____
Com No: _____
Fax No: _____
E-mail: _____

Mailed:
Faxed:
Pick-up:
E-mailed:

Item Requested

SUBJECT: Request to Verify Course Completion

Course Verification:
Training Report Card/156:

1. Request verification of course completion for the following student and course:

Student name at time of training: _____
Student SSAN: _____
Course number at time of training: _____
PDS Code: _____
Course Title: _____
Course Location: _____
Class Start Date: _____
Graduation Date: _____

Please allow 4 to 6 weeks for processing.

Signature Name, Rank, Title of Requestor

2. Please list below, the name and address of individual or institution where this original verification is to be sent:

*****FOR OFFICIAL USE ONLY*****

SUBJECT: Verification of Course Completion

Date: _____

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

Signature Name, Rank, Title of Certifying Registrar Official