US Border Patrol Academy

Transcript Request Form

Please E-mail completed form to: BPA_OPS_transcriptrequests@cbp.dhs.gov

Copy of Signed Official Picture ID Goes Here

PRINTED NAME	SSN	
Please check all that apply:		
Self	College or University	Employer
*Self-copies requested wi	ll be E-mailed to the address provided b	pelow.
CLASS(S)	YEAF	R(S) ATTENDED:
The college or university we The USBPA does not assign of the USBPA does n	rill determine how many, if any, credits the credit hours for our training programs. Script for a college, university, and/or empude the name of your contact if you have	ney will allow for your USBPA training. sloyer, you must provide their mailing
ADDRESS		
	STATE	
Email Address		
Daytime phone number sho	uld there be any questions regarding your	request
	rovided in 5 U.S.C.552a (i) (3) for request der penalty of perjury pursuant to 28 U.S.	
SIGNATURE		DATE
You must sign this reques	t and include with it a legible copy of a	signed official picture ID.

Penalty under 5 U.S.C. 552a (i) (3)

Any person who knowingly and willfully requests or obtains any record concerning an individual from an Agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000. Additionally, while not specified in the law, the individual whose privacy is violated can seek civil damages against the person who requested the records under falsepretenses.

PRIVACY ACT NOTICE

The authority to collect the information is derived from the Government Employees Training Act, 5 USC 4101 4118 as implemented by Executive Order 11348 of April 20, 1969. The information you supply will be used to assist the government in retrieving information documenting your training. If you furnish none of the information requested, the government will be unable to process your request. If you furnish only part of the information required, an attempt will be made to process your request. If the information withheld is found to be essential to effectively locating your records, you will be so in formed. Disclosure by you of the last four digits of your Social Security Number (SSN) is mandatory. Solicitation of the SSN is authorized under the provisions of Executive Order 9397 dated November 23, 1943. The SSN will be used only as necessary in connection with retrieving your records. The use of the SSN is made necessary because of the large number of present and former Federal employees who attend or have attended USBPA Programs, and who potentially may have identical names and birth dates and whose identities can only be distinguished by the SSN.

NOTE: Transcript requests are processed on a first-come, first-served basis. The average processing time for transcript requests is four weeks.

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