



Date of Request: \_\_\_\_\_

## 59 TRG REGISTRAR VERIFICATION REQUEST FORM

Student Name at Time of Training (*Please Print*): \_\_\_\_\_

Student SSAN: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number at Time of Training: \_\_\_\_\_

Course Location: \_\_\_\_\_

Training Date(s) (*If not sure, provide best estimate of month and year*):

Class Start Date: \_\_\_\_\_ Class Grad Date: \_\_\_\_\_

Item requested (*Transcripts, Course Verification, etc.*)

\_\_\_\_\_

Contact Number (*DSN or Commercial*): \_\_\_\_\_

I authorize release of this information to the addressee below.

Address to send information to (*Email or Street Address*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please allow 4 – 6 weeks for completion\*\***

Email to: [usaf.jbsa.59-trg.mbx.registrar@mail.mil](mailto:usaf.jbsa.59-trg.mbx.registrar@mail.mil) and to [kristi.j.kenefick.civ@mail.mil](mailto:kristi.j.kenefick.civ@mail.mil)

**NO Fax**

**Mail to:**

59th TRSS/TSOE  
Attention: Kristi Kenefick  
2931 Harney Road, 2FL  
Fort Sam Houston, Texas 78234  
DSN: 420-6725  
Commercial: 210-808-6725

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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For Official use only

