DLIFLC FORM 220 Official Transcript Request

FOR <u>DLPT/OPI_ACE CREDIT_</u> USE <u>I</u>	DLIFLC FORM 420	Date:
Please print legibly		
Last Name, First, MI	Maiden/Other Name(s):	**SSN:
Mailing Address including City, State and Zip Code:		
Current E-Mail:		
Program(s):* Language:	Check language progra Basic Intermediate	West Coast (DLIFLC) East Coast (Washington)
Graduation/Attendance date:	Advanced	Lackland Other:
Language:	Check language progra Basic Intermediate	West Coast (DLIFLC) East Coast (Washington)
Graduation/Attendance date:	Advanced	Lackland Other:
AA Degree:(Date)	-	
Send transcripts to: (Please provide complete name a	nd address. You may also add req _	uests for faxed/emailed/sealed copies)
To receive a <u>student copy</u> , please check box	Please allo	w 6-8 weeks for processing.
Upon completion, forward by mail, fax, or email to Defense Language Institute Foreign Language Cent Attn: ATFL-APO-AR (<u>Registrar's Office</u>) Presidio of Monterey, CA 93944-5006 TEL: 831-242-6455/DSN 768-6455		uired (can not be e-signed):
FAX: 831-242-5146/DSN 768-5146 WEB: www.dliflc.edu EMAIL: transcripts@dliflc.edu	(FOR DLPT/C	DPI ACE CREDIT USE FORM 420)

* Transcripts consist of all resident courses and degrees earned at DLIFLC.

**Privacy Act Statement: This information is solicited by authority of Title 10, USC 3012 and Executive Order 9397. SSN is used as the personal identifier in locating your training record. Personal information provided will be used to properly respond to your request for transcripts. Failure to provide this information could result in the inability of DLIFLC to respond to your request. IAW Army Regulation 37-30, Para 3-8, there is <u>no fee</u> for this service. DLIFLC FORM 220, REV 2 January 2014 Replaces 12 June 2013 Edition.