DLIFLC FORM 220 Official Transcript Request

FOR DLPT/OPI ACE CREDIT USE 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: _____

Graduation/Attendance date: _____

Check language program:
- ☐ Basic
- ☐ Intermediate
- ☐ Advanced
- ☐ Other: _____

Check school branch:
- ☐ West Coast (DLIFLC)
- ☐ East Coast (Washington)
- ☐ Lackland
- ☐ Other: _____

Language: _____

Graduation/Attendance date: _____

Check language program:
- ☐ Basic
- ☐ Intermediate
- ☐ Advanced
- ☐ Other:_____

Check school branch:
- ☐ West Coast (DLIFLC)
- ☐ East Coast (Washington)
- ☐ Lackland
- ☐ Other: _____

AA Degree: _____
(Date)

Send transcripts to: (Please provide complete name and address. You may also add requests for sealed copies)

_____ _____
_____ _____
_____ _____
_____ _____

_____ _____
_____ _____
_____ _____
_____ _____

To receive a student copy, please check box ☐

Please allow 4-6 weeks for processing.

Upon completion, forward by mail, fax, or email to:
Defense Language Institute Foreign Language Center
Attn: ATFL-APO-AR (Registrar's Office)
Presidio of Monterey, CA 93944-5006
TEL: 831-242-6455/DSN 768-6455
FAX: 831-242-5146/DSN 768-5146
WEB: www.dliflc.edu
EMAIL: **transcripts@dliflc.edu**

Signature Required (can not be e-signed):

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*** 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 no fee for this service. DLIFLC FORM 220, REV 1 June 2013 Replaces 1 January 2013 Edition.