

# DLIFLC FORM 220 Official Transcript Request

FOR DLPT/OPI ACE CREDIT USE DLIFLC FORM 420

Date: \_\_\_\_\_

Last Name, First, MI	Maiden/Other Name(s):	FULL SSN**: - -
----------------------	-----------------------	--------------------

Personal Mailing Address including City, State and Zip Code:  
 \_\_\_\_\_  
 \_\_\_\_\_

Current E-Mail:  
 \_\_\_\_\_

**Program(s):\***

Language: _____	<b>Check language program:</b> <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Other: _____	<b>Check school branch:</b> <input type="checkbox"/> West Coast (DLIFLC) <input type="checkbox"/> East Coast (Washington) <input type="checkbox"/> Lackland <input type="checkbox"/> Other: _____
Graduation/Attendance year: _____		

  

Language: _____	<b>Check language program:</b> <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Other: _____	<b>Check school branch:</b> <input type="checkbox"/> West Coast (DLIFLC) <input type="checkbox"/> East Coast (Washington) <input type="checkbox"/> Lackland <input type="checkbox"/> Other: _____
Graduation/Attendance year: _____		

AA Degree: \_\_\_\_\_  
 (Date)

Send transcripts to: (Provide complete mailing address. You may also add requests for sealed copies to yourself.)  
 All documents prepared by the DLIFLC Registrar's Office will be sent by US Mail-not faxed or emailed.

Name of College/Institution/Agency	Name of College/Institution/Agency
Address 1	Address 1
Address 2	Address 2
City, State and ZIP CODE	City, State and ZIP CODE

To receive a student copy, check box  Please allow 3-4 weeks for processing.

Upon completion, forward by mail to: <b>Defense Language Institute Foreign Language Center</b> <b>ATTN: ATFL-ASD-DA (Registrar's Office)</b> <b>Presidio of Monterey, CA 93944</b>  Or electronically through <b>Safe Access File Exchange</b> (SAFE) <a href="https://safe.amrdec.army.mil">https://safe.amrdec.army.mil</a> to <a href="mailto:transcripts@dliflc.nps.navy.mil">transcripts@dliflc.nps.navy.mil</a> DLIFLC website:: <a href="http://www.dliflc.edu">www.dliflc.edu</a>	<b>Signature Required (Hand signed or CAC signed):</b>  _____  (FOR DLPT/OPI ACE CREDIT USE DLIFLC FORM 420)
---	--

\* Transcripts consist of all resident courses/degrees earned at DLIFLC, IAW Army Regulation 37-30, Para 3-8, there is no fee for this service.

\*\*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.  
 DLIFLC FORM 220, REV 14 June 2017. Previous forms are obsolete.