

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

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

**Program(s):\***

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

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

**Send transcripts to: (Provide complete mailing address & the name of schools and/or institutions)**


To receive a student copy, check box  **Please allow 4-6 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 (SAFE)</b> <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>	<u><b>Hand Signature Required (or CAC e-signed through SAFE):</b></u>  <hr style="border: 0.5px solid black;"/> <p style="text-align: center;"><i>(FOR DLPT/OPI ACE CREDIT USE DLIFLC FORM 420)</i></p>
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\* Transcripts consist of all resident courses and 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.