## **DLIFLC FORM 220 Official Transcript Request**

## FOR <u>DLPT/OPI ACE CREDIT USE DLIFLC FORM 420</u> 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 program:  Basic Intermediate	Check school branch:  West Coast (DLIFLC) East Coast (Washington)
Graduation/Attendance d	Advanced	Lackland Other:
Language:	Check language program: ☐ Basic ☐ Intermediate	Check school branch:  ☐ West Coast (DLIFLC) ☐ East Coast (Washington)
Graduation/Attendance d	ate:   Advanced   Other:	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 <u>student copy</u> , please check box Please allow 4-6 weeks for processing.		
Upon completion, forward by mail, fax, or of Defense Language Institute Foreign Langua Attn: ATFL-ASD-DA (Registrar's Office) Presidio of Monterey, CA 93944-5006 TEL: 831-242-6455/DSN 768-6455		ed (can not be e-signed):
FAX: 831-242-5146/DSN 768-5146 WEB: www.dliflc.edu EMAIL: transcripts@dliflc.edu	(FOR DLPT/OPI AC	CE CREDIT USE FORM 420)

<sup>\*</sup> Transcripts consist of all resident courses and degrees earned at DLIFLC.

<sup>\*\*</sup>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 20 May 2015 Replaces 1 January 2013 Edition.