DLIFLC FORM 220 Official Transcript Request

FOR DLPT/OPI ACE CREDIT USE DLIFLC FORM 420 Please print legibly Last Name First MI Maiden/Other Name(s): **\$\$N:

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:	Intermediate	Check school branch: West Coast (DLIFLC) East Coast (Washington)	
	Graduation/Attendance date	e: Other:	Lackland Other:	
	Language:	Check language program: ☐ Basic ☐ Intermediate	Check school branch: West Coast (DLIFLC) East Coast (Washington)	
	Graduation/Attendance date	e: Advanced Other:	Lackland Other:	
	AA Degree:(Date)			
Send transcripts to: (Please provide complete name and address. You may also add requests for faxed/emailed/sealed copies)				
To receive a student copy, please check box		Please allow 4-	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):	
		(FOR DLPT/OPI A	CE 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 no fee for this service. DLIFLC FORM 220, REV 1 June 2013 Replaces 1 January 2013 Edition.